

THE ALKALOIDAL CLINIC

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HERETICS.

SOMEBODY has dubbed the doctrines of alkalometry with the designation of "heresy." Thanks!

No title as ennobling could be applied. The history of the world's progress is an unbroken detail of heresies that have finally established themselves as truths despite all the opposition that could be brought against them by the forces of conservatism, "vested interests," cowardice, inertia, and self interest.

The heretic is the world's hero. He stands alone and proclaims the truth as he sees it, and not all the forces that influence mankind can prevent him. He is a fool, as regards his pecuniary interests; he forfeits the goodwill and affection of friends, neighbors and family, by adopting these new ideas; and what does he gain by it? Too often the martyr's crown, and the posthumous honors that mean so much when he is beyond their reach.

Buddha left his throne and died a beggar, leaving wife and child and the luxuries of an oriental palace to subsist on the alms to be gathered from door

to door, and what did he gain by it? Only a name that reverberates down the ages to eternity, when all the princelings of his day have been forgotten.

Had Jesus of Nazareth been content to follow in the steps of his father he might have become a prosperous carpenter, have married and raised a family, and won a fair competence, sending his children to the best schools and even becoming wealthy through contracts. But all this he sacrificed—for what? The tender love and reverent devotion of countless millions.

In every walk of life there has arisen, for the benefit of the human race and their own worldly undoing, a long series of brave men whose keen insight has shown them errors in the current beliefs, on which no considerations of worldly polity could induce them to keep silent. Luther voiced forever the impulse moving his kind, when he said: "Here I stand. God help me, I can do no otherwise."

Theology is dangerous ground, from which we must keep away; but read Andrew D. White's book, "The Conflict

between Science and Theology," and note how there has been an unbroken advance along the lines laid down by the heretics, from the time when one attacked the doctrine that the earth was square with the firmament glued to the edges, down to Leckey and Darwin; and note how the pulpits of each generation preach the doctrines those of the preceding age denounced.

Then take up that curious book, "Paine's Age of Reason," and note the way he has of uttering platitudes that nobody thinks of denying, with an Ingersollian air of "See how wicked I am!" We are perplexed until we realize that public opinion has shifted, and that in his day the man who combated the divine rights of kings, or maintained that all men were free and equal, was a heretic.

The same history may be read in the annals of medicine. Jenner was an arch-heretic; and the persecution he and Waterhouse received is a marvelous page of history. No less virulent was the opposition that greeted the first advocates of anesthetics. Thompson was ignorant, and many of his ideas were ridiculous; yet he overthrew the current practice of medicine, and drove the whole antiphlogistic system into disuse. Even though homeopathy has failed to establish itself on Hahnemannian lines it has left a deep and lasting impress on the practice of the dominant school. Hydropathy, electricity, massage, suggestion, the specialties, dentistry, vibration, color cure, each and every method of treatment that has arisen, has had its share in modifying the current practice of the profession as a body. And nearly if not all these were the work of "heretics," in our profession more usual-

ly denominated quacks. In fact, has there been any very great, first-class, success in medical lines that has not been the work of heretics?

The tenets of Alkalometry are essentially heretical, in that they strike at the prevalent customs and beliefs and propose a radical change in the current practice. They demand that the physician shall recast his practice on new lines. That he shall learn to apply his remedies to disease conditions, rather than to disease names. That he shall use more science, more certainty, and less chance and guesswork in his therapy.

Of course he doesn't like it, who would? Man was born lazy—every man. He does no work he can get out of doing. And when he has done his work, that is, has learned his profession, the man who comes in and tells him he has to learn it all over another way, is not apt to receive a warm welcome. The doctor feels aggrieved. What right has anyone to thus double up his work? And so the thriving Pharisees who had got things just about going their way felt when this no-account (?) Nazarene came in and proceeded to upset them. They had accommodated their affairs to the Roman dominion, had made affiliations with the men in authority, and were doing very well. Why kick up a bobby?

But somehow truths will not down. We have to rearrange our affairs as the conditions change. Old navy men were quite satisfied with the American clipper ships; they crossed the ocean quite fast enough; there was no good reason for displacing them with this new agent steam. But steam came in and the clipper went out. The line-



Somebody said, "a patient would starve to death on beef-tea enough to drown him in." This was before the days of Armour's Solu-

ble Beef. Every time an instrument man kicks nowadays, he is likely to point his toe at Frank S. Betz, but Betz is doing business

of-battle-ship was the final development of naval warfare, and the nation that had the greatest number of these leviathans was queen of the waves. But one little battle in Hampton Roads wiped out the navies of the world, and set them all at rebuilding their fleets on new principles.

The truths of Alkalometry are so obvious that prediction is easy. The substitution of definite, certainly acting, uniform agents for uncertain ones is so obviously rational that it must succeed. The impulse that it gives to the practice of therapeutics is so valuable that it will be adopted by every wide-awake man—and thank God the profession has no lack of such. The revival of faith in medical practice is so imperatively needed that it has got to come; and where else is it to be found?

We will not be burnt at the stake for this heresy. We will not even be compelled to wait till we are dead to have our work recognized. We are satisfied with what we are getting in the way of a recognition of our earnestness and that is all we claim. And we are not a particle hurt or frightened by the cry of "heretic."

Every task undone means some truth unknown.

MIX BRAINS WITH YOUR MEDICINE.

A celebrated painter—the tale is attributed to several—was once asked for the secret of his wonderful coloring, and with what he mixed his colors. He replied, "With brains, Sir."

Many times we are asked as to the

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just the same and CLINIC readers will find his ad in this issue. That Resinol Ointment and Soap are good things, is evidenced by the

treatment of troublesome cases by our friends who are trying to get accustomed to the new methods of medication. And constantly we are called on to give the meed of admiration at the apt way in which the applications are made. We have a great respect for the American doctor, as we meet him. His keen observation, and quickness in "catching on" to a new method, excite our admiration. The alkaloids are sharp-edged tools, and need to be delicately and skilfully handled; but he is rarely unequal to the occasion. Agents that always do just one thing, and just so much of it, must be applied when that one thing is needed, and just enough to do as much of that thing as is requisite. But patients are an uncertain quantity and their conditions may change between the times of writing and receiving the remedies; so that there is always plenty of room for the judgment of the man at the helm. And what specially impresses us is the rarity with which he fails to meet the emergencies that arise.

Nowhere is there more need for individual judgment than in meeting the changes that occur in the course of a pneumonia. The Defervescent is required this morning, as the pulse is hard and the elimination below par, so that the action of veratrine is indicated. But before evening the picture has changed. The apparent strength of the heart proves only apparent, and a little veratrine is followed by perceptible weakening. But still there is fever, and the circulation tends to bank up in the damaged pulmonary tissues. So we change to the Triad, and soon the strychnine effect is manifest and the equalization of vascular pressure is attained.

fact that the conservative careful advertising of the Resinol Co. is building them up a first-class business. This also applies well to the

A woman is subject to persistent recurrent headaches, probably denominated neuralgic. The powerful nerve tonics and nutrients are given with temporary relief, yet still the attacks recur. But the scrutiny given the eliminants shows that there is a toxic flood entering through the bowels, or that the kidneys are not carrying off their share of the blood toxins, and the correction of the difficulty gives our nervines a permanent efficacy they would not have otherwise.

The admixture of brains is a necessity and one we always look for, and rarely without finding it. The science of medicine will never be reduced to a nickel-in-the-slot basis, and nothing of that sort is to be expected from Alkalometry.

The celebrated N. R. Smith, of Baltimore, invented an instrument for the performance of perineal section. It was a knife so mounted on a staff that was introduced into the bladder that the cut must be made into the bladder and could not be made elsewhere, as the knife closed into the groove in the staff. But its inventor objected to making it known since he feared it would make cutting for stone so easy that the fine skill of the surgeon would be lost.

There is little danger of the science of medicine becoming too easy. The comprehension of the leading principles on which Alkalometry is based simplifies the work immeasurably, and smooths the way for the beginner; but there is and always will be enough advance work to keep his brains from rusting. Every advance in human endeavor has only opened new fields to view that were hitherto unsuspected. Look at a locomotive. Can you comprehend the brain

that could devise that mammoth combination of forces, *de novo*? It never was and never could be done. Each piece was an adaptation, an improvement on something preceding; so that the steel monster represents the inventive genius of a hundred men. It grew, piece by piece.

Alkalometry gives us a vantage ground. As the new fields open up before our gaze from this viewpoint, how fervently we wish we were twenty years younger and a hundred times wiser, that we might help to work in this fair field.

Aim to be yourself; for if you try to be anybody else, nine times out of ten you will fail, and the world will put a fool's cap on your head.

STRAIGHT TALK FROM ALKALOIDAL HEADQUARTERS.

No. 9.

DETERIORATION OF DRUGS.

The navy surgeon sets out on a cruise with a fine assortment of medicines—pills, powders, tinctures and extracts, fresh from the laboratory, and in prime order. He stays out for three years, and what is the condition of his stock at the end of that time, or at any point intermediate?

His pills have dried into bullets, practically indestructible. The sugar coating has turned brown or yellow—nice, isn't it, to wonder what microorganism has gotten in its work? The powders are stuck together, or have parted with a variable percentage of their strength. The tinctures have lost some of their al-

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Specialties advertised by our old friend Woodruff of New York City. Freligh's Tonic, Heart Drops, etc., are strongly in professional

favor—stronger than ever. When a man loses a limb to save his life, or as the result of accident, he can almost forget his misfortune

cohol and water by evaporation; they show changes in color; and a precipitate, that may be the result of the evaporation, as the remaining menstruum can no longer hold the active principles in solution, or it may be due to degenerative changes going on in the liquid, which may or may not alter the chemical composition of the drug and its action. The extracts undergo similar changes. Did you ever bring back a fluid extract of ipecac that had stood a voyage? Did you ever have an apothecary who did not swear he kept the bottles most carefully corked—and did you ever have one who really did so? Corks themselves are affected by alternations of temperature, as well as by the fluids they confine.

The fact is, that in dispensing these remedies, you make a mental calculation as to the probable strength of the drug you prescribe, and approximate its action and strength. You never come closer than an approximation, and that may or may not be a close one. Honestly, Doctor, haven't you lost valuable time waiting for an action that never came, or did not come in the shape and degree you expected? How about that congestive chill you didn't break in time? That case when you gave jaborandi to cause sweating, which it didn't—and the patient—?

Haven't you come back disgusted with drug medication to a certain extent?

If you but knew the pleasure there is in practising medicine, when you *know* exactly what your remedy is going to do, and how much it is going to act, and how soon, and you can predict the result with a certainty that lets you go back to bed with a sense of security. There's no

miracle in it, no mystery—simply the use of agents unvarying and precise in action.

The herb may be bitter, but the bees find sweetest honey in its blossoms.

BEGIN RIGHT.

The January CLINIC, among many other notable papers, will contain an admirable lesson by Dr. John M. Shaller on the very vital subject "How to Begin Alkaloidal Medication." This paper will be a direct source of light and help to those who are schooled and experienced in the old and desire to get into the new and better way. Its simplicity will be a revelation. That's Alkalometry all along the line—accuracy and simplicity, the cure (abortion) of disease *cito, tuto et jucunde*, a proposition well worth the conscientious study of the best of men.

CLINIC ADVERTISERS.

We desire simply to state that the fact that an ad appears in the CLINIC carries with it no positive endorsement of the advertiser by its management. It simply means that the advertiser is in good standing so far as financial matters with us are concerned and that we have had no valid complaint from our subscribers against such advertiser. As a rule, we can endorse all our advertisers, but some of them we cannot, simply because we do not know them and have no time to get acquainted, but to all we give the benefit of our space and circulation and look to each and everyone to do the square thing by our readers.

We trust that this fully explains our position and that no further question

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in the excellent results obtained from the use of Mark's Artificial Extremities. Sharp & Smith are also competing for professional

favor with both legs and arms, and are well worthy of attention. They handle a full line of general instruments as well, and what you

need be raised. If you have any complaint in regard to an advertiser that is legitimate, place it before us in a businesslike way and we will give it due attention, but we cannot give the time to settling minor bickerings.

See footnote Symposium this issue.

A DEATH CLOSE HOME.

Every CLINIC reader will join us, I am sure, in expressing sympathy with our brother in his affliction.

Mrs. Susie Moore Shaller, wife of Dr. John M. Shaller, in Cincinnati, O., Oct. 13, 1903.

Mrs. Shaller left but one child, a boy of five years. The remains were interred at her native home, Tuscumbia, Alabama.

Dr. Shaller remains in Denver to attend to the interests with which he is so closely identified, but retains his able professional interest in the welfare of humanity.

YELLOW FEVER.

Several of the family, from different border points in the South, have reported yellow fever facts or fancies. This leads me to suggest to any doctor interested, theoretically or practically, not to forget our Dr. Coleman's "Yellow Fever and Dengue," in which the author has condensed a vast amount of practical experiences and brought fact out of chaos.

If you are not supplied, the price of a dinner will put it in your library. See ad pages.

MORE ABOUT LOOKING BACKWARDS.

As the following is not without point and in direct reply to large space given

in this department to criticism and sceptical inquiry in October we deem it proper to use small space for this reply.

Dear Doctor Abbott:

That man that put up the "howl" that led you to the needless trouble to write that splendid editorial "Looking Backwards" in the October CLINIC must have had a chigger under his hat.

Napoleon said "a live man needed but five hours sleep in the twenty-four." Now, nothing could be plainer than that this Missouri gentleman is a "sleeper." And another thing, if he reads and digests and assimilates the subject matter of those journals he enumerates as on his table, and keeps up faithfully the general reading that is necessary to quicken his mind to an aptitude to appreciate and to grasp and hold the meaty matter therein contained, he will begin to see what a man must, can, and does do, whose lifeboat is fully into the swift stream of living issues.

If Hopkinson Smith, the artist literatti, bibliophile, philosopher and political economist, could (if it were possible) take this verdant mind "from Missouri," and hold it within the path of his mighty intellectual currents for an instant, the student of the Big Muddy country would then be able to shout "it is passing strange" with a vengeance. Missouri is all right. What's the matter with our critic? What makes him howl?

I am not much of a worker, the fishing and hunting is too good. But, I edit a weekly paper, practise medicine, do little surgical jobs, like cutting off legs and other sorts a man forty miles from a brother M. D. must do, and I keep out of jail and the asylum. Then I incidentally raise a family, take and read ten medical journals. Am secretary of a board of trade, handle real estate, write articles for all sort of papers, write from none to 100 letters daily, go to church, support one orphan, and now I am contemplating applying for a place on that inimitable, busy, brainy editorial staff that prints the CLINIC.

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get from them is always good. Next door to the CLINIC's office in New York City is that of the Thomas Pharmacal Co., who do a clean,

ethical business in Eulexine, a preparation offered for the treatment of diabetes. They send literature and full particulars. Nothing

Go to work down there in Missouri and don't grumble about how busy and brainy a man gets.

Yours to a Crisp,
H. MACV. MACPHERSON, M. D.
Orange, Florida.

I trust that our brother from Missouri will take no offense, for I am sure none is intended. The ground a man can cover depends upon the intensity of his activities, the shortness of his personal equation, his ability and his willingness to work—to sacrifice personal ease and pleasure for the sake of doing something worth while.

The immortal Stephenson says, "He who loves serves"—a true saying with a wide range of application. He who works will win.

Do not make the outside worse or better than the inside, because people see the outside first, and disappointments are unpleasant.

ENLARGED CERVICAL GLANDS.

The cervical glands take on infection very easily; at least, they enlarge with the utmost facility from a variety of causes, and when stasis occurs, either benign or infectious, are apt to make trouble. Of course our well-known motto to "clean out, clean up and keep clean" as applied to the alimentary canal, is strongly indicated, and for systemic treatment you will find the following prescription most admirable: Calcium iodized grs. 2 to 5, nuclein solution drops 2 to 10, in capsule, 1 at 10 a. m., 3 p. m. and bedtime. The calcium iodized absorbs the nuclein readily and if on mixing it is a little too moist to fill on the spot a few moments waiting will produce evaporation enough so that the resultant will be all right; but the calcium

iodized may be used dry and the nuclein may be given in drops. I desire to emphasize this treatment for the condition named, and in doing so will say that the same general scheme modified to meet conditions will handle most glandular engorgements and is a mighty reconstructive. The uses of calcium iodized are legion. Don't confound it with iodide of calcium, which is not the same thing at all. If you use iodide of calcium, a yellowish, light-brown, crystalline salt, you will be disappointed. If you use calcium iodized, true, a dark-brown, almost black powder, and use it right you will not.

He who would be a leader, must not be found skulking in the rear of the fighting.

EPSTEIN'S NOTES.

In the "Miscellaneous department" will be found the first of a series of criticisms that Dr. Epstein has consented to write on the CLINIC. Our older subscribers will recall when this was one of the essential features, and we trust that this series will please and profit as greatly as did the other.

No attempt will be made to cover the whole ground, therefore let no one wonder that his particular article is not considered, and let no one take offense at the Doctor's honest opinions pro or con. It is a critical thing to be a critic.

To study is not to do, but to study is to learn how to do. We learn to do by doing.

WHAT TO WRITE.

We found it impossible to get in the material for special numbers at the time

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"fakey" about the Thomas Pharmacal Co. What is jucier than a New York grape, and what is better if you cannot get the fresh

fruit in quantity, than the Welch Grape Juice? Our answer, Nothing. Would like some right now. J. M. Grosvenor & Co. of Boston,

expected, and so you will find this matter trailing along several months behind the appointed dates. Several nice papers on summer diseases are in our hands, which we will hold over till the opening of the next heated season.

Just now we want all the reports we can get from you on the treatment of rheumatism, as this is a malady that often taxes the skill of the doctor and the patience and endurance of his patient.

Our general policy is to give the most successful treatment of the commonest diseases, these the doctor most frequently meets. But we do not want to fall into monotony by harping on a few topics too long, so the best rule is this: Whatever interests you most will interest others like you; and what you need help upon they also need it upon; while if you find a good treatment for a malady that has heretofore baffled you, and you describe it in the CLINIC, others will be led to describe their successes in other ailments in which you need help. And so we all grow wiser by combining our knowledge.

The kind of woman I love: A keen, sensible, tactful little woman, who would make it the business of her life to study me, as I would make it the business of my life to study her: a woman who could be in turn, according to circumstances, a housewife, a counselor, a "pal," a wife, a sweetheart, a nurse, a patient, the sunshine of my life, and always a confidante, a friend and a partner.—*Max O'Rell.*

CAR-SICKNESS.

En route from New York a few days since I had opportunity to test the alkalometric principle involved in the treatment of car-sickness and kindred conditions, and if our readers who are not fully alive to this therapeutic point

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Mass., offer a very neat covering for bitter, nauseous drugs, in the form of their Konseals. Will send samples on request. Medicine is

could have seen how quickly abject misery was converted into comparative comfort they would begin to think. The nausea of car-sickness and kindred conditions is absolutely nervous, resulting in an inequality of the circulation. The skin capillaries are either flushed or anemic, usually anemic. The capillaries of the internal skin and the mucous membrane and the contained viscera are in the opposite state; therefore the rationale of treatment is to cure the spasm by giving vasomotor dilators, correct the dilation by giving vasomotor constrictors and of both just enough to produce the desired result. Usually atropine or hyoscyamine (preferably the latter) with strychnine, in properly balanced dosage, will bring about the change within half an hour. If the depression is extreme the treatment should be begun with glonoin, and ice or cold water packs to the head are, as a rule, always gratefully received and therefore helpful. Having accomplished this physiologic balance it should be sustained by the continued use of the same remedies in proper dosage and the cause should of course be removed as soon as possible.

I have had an opportunity to test this treatment many times under all kinds of conditions of altitude, etc., and it has never failed me. The treatment for seasickness is similar. Who will tell us about it?

The world is full of things to be discovered. It is a Marconi, an Edison, who find them out.

THE MEANING OF ALKALOID, ALKALOIDAL, ETC.

I am asked so many times the meaning of these words that I will give space to a trite, yet complete, explanation to

bad enough at best. Make it good when you can. One of the first advertisers that took space in the CLINIC was Dr. Robt. Wolfertz,

which our readers will hereafter be referred.

Alkaloid: From the Arabic "Alkali" for Potash. The ending "oid" is from the Greek, which means like, hence "Alkaloid" is that chemical which reacts on litmus like an alkali, and forms a salt with an acid. The term is used to designate a certain class of active principles.

Alkaloidic, is not used in the French and so not in English; for all adjectives with the termination "ic" come from the French, and in the French end in "ique," as for instance: *Alcoolique* becomes alcoholic; *Thérapeutique* becomes therapeutic, *critique* becomes critic. The French derives its ending from the Greek ending in "ikos" which denotes a relation to a substantive as "Thérapeutikos," *Thérapeutique*, *Thérapeutic*, pertaining to therapeutics, the art of healing; *Technikos*, *technique*, *technic*, pertaining to a master in the art, whatever it be.

Alkaloidal. The ending "al" is added to nouns in order to form an adjective, as for instance *universe*, *universal*, which denotes a quality that is applicable to everybody or thing as "a universal law of nature," or "universal freedom." Hence "Alkaloidal," as "ALKALOIDAL CLINIC," a clinic which is qualified by the fact that it uses, or defends the use of Alkaloids. This termination is derived from the French, which derives it from the Latin ending "alis" as "verbalis" verbal.

Alkalometrist. The ending "ist," is added to a noun to denote by it an occupation, or allegiance, as for instance "Dentist," one who occupies himself with teeth, from the Latin "Dens," genitive "Dentis," or "Salvationist," one who oc-

cupies himself with salvation or "Tourist," one who tours or "Monarchist," one who acknowledges a monarch. Hence "Alkalometrist," one who owes allegiance to that method of medication.

Alkaloidist, one who makes or uses alkaloids. The termination "ist" is masculine, for which the feminine is "iste," as "modiste," a female who occupies herself with "modes or fashions."

The above terminations are all suffixes. The prefix in "Alkali," is the Arabic, "al," which is the definite article, "the," hence "Alkali" means "The Potash."

Taking now the broader view, the scope of the words as used in the CLINIC is apparent. Let no one think for a moment that the CLINIC stands for medical sectarianism, or is striving to establish that bane of progress, a sect, far from it! We are striving with all our might for the greatest good of medical profession as a whole with especial reference to therapeutics.

There can be no genuine and true Christianity without genuine and true manliness as a beginning.

SHALL THE ALKALOIDAL DOCTOR CHARGE FOR MEDICINE?

Many questions, the gist of which is expressed in the above caption, are continuously asked me, and to every one I say "no," and then I modify my reply. Thinking that there may be many who have the question in mind without asking, and having covered the ground in personal experience so thoroughly that I feel competent to reply, I will go a little way into the subject.

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of Chicago, Ill., and his ad still stands—a monument to the pulling qualities of "the best journal on earth." The drug that is util-

ized is what does the business, not necessarily what is swallowed. The Burnham Soluble Iodine Co. have something to say to you on

In the first place, bear in mind, and always, to be a DOCTOR, a professional man. Charge for your services, and, to put it in a nut shell, let the proper fee for your services be so out of proportion to the commercial end, or in other words to the amount involved in the prescription, that the latter is lost sight of.

I know this can scarcely be applied in many communities and that it does not apply to those who use the old-fashioned, bulky, big-dose (and therefore too expensive) preparations, but with the up-to-date, alkaloidal man it is quite another thing—the rule holds good.

I have often had patients ask me, on receiving their tiny vial or envelope of granules, more often in the office than elsewhere, "how much is this?" to which I always reply, "That? nothing." They look questioning and then I say, "Oh! my fee? \$2.00 please," \$5.00, \$10.00, \$1.00 or whatever it may be.

BE A DOCTOR FIRST, LAST, ALWAYS. DO NOT PEDDLE PILLS. But, you say my medicine costs me so much. Bosh! A thousand doses of an average-priced alkaloidal granule bought direct costs you from 50 cents up, say \$1.00, or ten doses for one cent. Therefore an average prescription for an average case for which your fee will be from 50c to \$5, will cost you about one or two cents.

Dispensing for yourself you hold and increase your practice and you will make at least 20 per cent more visits and consultations than you would, or could (and please your customers) if you were writing prescriptions; and mark my word, you will please them better by so doing.

In the days of my general practice (and I have my books to show that my practice increased 50 per cent in six months after I began fully to dispense

my own medicines), when I was driving a stableful of horses off their shoes and covering an area of many miles in this sparsely settled suburban district, dispensing practically all my own medicine and collecting from \$500.00 to \$600.00 and often more per month, and paying the same prices for drugs that you pay, my drug bills did not exceed an average of \$25.00 per month and I know that I made from four to ten times this amount in extra fees, repeat prescriptions, repeat office calls and visits that otherwise would not have been made.

Now this may sound mercenary but it is a fact, nevertheless, and in this is the substance of all I have to say in answer to the question, "what shall we charge for our medicines?"

The alkaloidal doctor that's onto his job—that's doing business and doing it right—can't afford to make regular charges for medicines, neither can he afford not to dispense, at least not in emergency practice.

This of course does not apply to cases where you prescribe large quantities for a length of time, or where heavy, bulky preparations like Effervescent, some few Elixirs, etc., are needed. These should either be prescribed at the drug store or supplied and charged for at drug-store prices plus the professional fee. Doctor, don't forget the fee! And if you are doing the wrong thing turn over a new leaf for 1904.

IS ALCOHOL A FOOD OR A POISON?

In the practical affairs of life, experience has demonstrated precisely what the closest scientific investigations have

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this subject that is worth listening to. See ad pages. Sharp & Dohme say Lapactic Pills "never gripe." I guess that's so and they

must be O. K., for this wise old firm have stuck to their say-so a long while. They make other good things, too. Abbott's Saline Laxa-

disclosed, that alcohol has not only never been a real aid in performing tasks involving the severest mental and physical exertions, but that in all cases it has been an actual hinderance to the development of the highest human capabilities. Evidence of this kind meets the investigator or every hand, nor need he look to the "temperance fanatic" for the most emphatic expression of this sort of evidence. It comes from dispassionate, clear-headed, impartial men of science, whose entire lives are spent in discovering truth, rejecting everything which has not been tried and proved in the crucible of experimental evidence.

A writer on the German Emin Pasha's expedition said: "At Baringo the last bottle of cognac was consumed, thereafter we had to drink only tea, coffee, and cocoa, and it must be confessed that our health became *immediately better*."

Nansen's arduous journeys in Greenland, and almost to the North Pole, were made without a single drop of potable alcohol.

Helmholtz, probably the most acute thinker, and the strongest man mentally of the nineteenth century, spoke at a celebration of his seventieth birthday of the ruin wrought to brilliant minds by alcohol, declaring that the smallest quantity of alcoholic drink, dissipated all philosophic thinking and effort.

Is it not a fatal inconsistency to call any substance a food, which does not give increased warmth to the body; but, instead, decreases the bodily temperature; which does not protect the nitrogenous tissues from waste, but does increase their rate of metabolism; which does not give added power to the brain, but on the contrary, always decreases the quality of their product; which does

not enable the muscles to contract more vigorously, but does, indeed, increase their capability for doing work?

Considering the foregoing evidence are we not fully justified in calling alcohol a poison, meaning thereby, that it is a substance inimical to the organism, producing injury in small, and death in larger quantities? Are we not moreover, by the same evidence, fully justified in denying it a place in any classification of foods or medicine, because it neither repairs tissue waste, nor protects the organism, neither is a source of organic force?

Let us, then, continue to teach our boys and girls that alcohol is a poison; that the fact of its being oxidized in the body, if taken in small quantities, is not sufficient to constitute it a food; and that the normal man is never benefited, but rather harmed by it in any quantity.

A large, hopeful, cheerful heart is a far better thing than a fortune.

THE MATTRESS.

What an unhygienic thing is the mattress. We have slept on it, summer and winter, for these years; it has rarely or never been "renovated"; perspiration, epithelium, the various emanations of the body in health and perhaps in sickness, have sunk into its depths, and all it has had in the way of purification is an "airing"!

How many and what sorts of microbes does it contain? You had rheumatism, wife a baby, Johnny the mumps, measles and chickenpox, Mary the diphtheria and croup, Martha the erysipelas, baby the numerous little forgetfulnesses and

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tive "does the business and never gripes," and that's true, too. Imitation is sincerest flattery. On page 13, November CLINIC, (also in

this issue) will be found a good "treat." Look it up. The McArthur people say their Syrup of Hypophosphites is "slow but sure." The

accidents pertaining to babyhood, and except a little soap and water to the surface of the tick there has been no attempt to purify this sink of wickedness.

Then what an uncomfortable thing it is in hot weather. You restlessly wriggle from side to side in the vain effort to find a cool spot.

In the tropics, where ants, centipedes and scorpions render the mattress an impossibility, and clothing is merely nominal, the gens who have beds use the woven-wire springs with a pair of blankets spread over the wires. At first the sensation is peculiar, hammock-like, but when one becomes a little accustomed to this sort of bed the advantages in the way of coolness and comfort, to say nothing of cleanliness, forcibly impress you. The ventilation is an inestimable advantage.

Try this plan for a week in hot weather, and see if you do not agree with us that the mattress is an expensive, useless, uncomfortable, unhygienic relic of barbarism, and should be suppressed as a nuisance.

ALKALOIDAL GRANULES; DOSAGE EXPEDIATES.

Every now and then some one writes me on the criticism occasioned by the small (looking) doses characteristic of alkalometry, and having had the same experience personally, in all its phases, I write to suggest that such instances be handled by everyone to the benefit of himself. It is easy to slip a quinine, a strychnine, or better, a quassin granule (with a little chaffing) onto the tongue of the critic and then it is lots of fun to see him look sour as he begins to get

the taste. This is the time to ask him "how he would like to eat what is left in the bottle."

I remember once meeting a representative of an old-time house who remarked, on looking at my case: "I could eat a bottleful of those any time and not know I had taken anything." I said: "Suppose you try two of these, they are sweet and tasteless, and then if you want the bottleful I will give them to you." I put two granules of glonoin on his tongue, told him to dissolve them slowly and enjoy them, and kept on talking. In about a minute he reached up and lifted his hat; in another he sat down in a chair in the corner, with a face as red as a beet, and for the next several minutes was getting a mighty stiff impression of the fact that "things are not always what they seem."

Since that time, this particular individual has had a very strong and abiding regard for alkaloidal granules. Well, it takes good sense to practice medicine, and with a little tact the doctor should have no difficulty in overcoming these objections to the granules. When it is best to give doses that look big, then make solutions so many to the spoonful and bitter up with quassin or nasty up with calcium sulphide according to indications. Either of these in solution will go a long way. And then there's the chance to make really nice solutions, sweetened with saccharin, colored with carmine or flavored with the mixed flavoring tablets. Just a little knack and the thing is done. Be doctors and charge for services. Don't be purveyors of doses and charge and be measured by the size thereof.

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proverb says: "Who goes slowly goes safely; who goes safely goes far." You try it and you'll have the application. Lymph-Com-

pounds—goat, sheep, orchitic and otherwise, are an interesting subject for study. Where can you go, at home or abroad, that you do not

LEADING ARTICLES

THE FACTS AND PRINCIPLES UNDERLYING RATIONAL THERAPEUSIS

By Alfred C. Croftan, M. D.

Professor of Medicine, Post-Graduate Medical College of Chicago.

FIRST PAPER.

THERAPEUTIC NIHILISM.

SOME sixty years ago Skoda, then head professor of medicine at the University of Vienna, instituted the following therapeutic experiment: He divided the sixty-two cases of typhoid fever that he happened to have in his wards into two classes of thirty-one each. The one class he treated according to the methods of therapy then in vogue. The other class he did not treat at all. At the expiration of six weeks he was able to announce before the medical society of his city that a much larger proportion of the cases that had not received any medicine had recovered than of the cases that were treated with medicinal measures. Skoda was very exultant at this result, for he believed he had demonstrated a fundamental principle, namely, that *there is no virtue in drugs*.

This crucial experiment became the basis of a new system of let-alone practice and the adherents of this school called themselves "Therapeutic Nihil-

ists." The doctrine of therapeutic nihilism has been handed down through several generations and still has some enthusiastic advocates. As a matter of fact even to-day medicinal treatment is much neglected in the large hospitals of Europe and in those institutions of medical learning in this country that are under the influence of old-country teachers.

In European hospitals the rights of man, as far as the patients are concerned, are very small. The professor is monarch, absolute, and all that is expected of the patient is that he show up in good time on the postmortem table in order to demonstrate whether or not the diagnosis of his case was correct.

It is truly pitiable to look through the record sheets of one of the large wards, for instance of the Vienna Hospital, and to find the therapeutic armamentarium limited to tincture of cinchona, morphine and calomel, and by way of a change, calomel, morphine and tincture of cinchona. The Text-Book of Practice by Osler echoes this tendency. The medicinal treatment of disease is barely

This series will be continued regularly from month to month, the second paper being promised for January

touched in this otherwise excellent work. A state of affairs greatly to be deplored.

THERAPEUTIC RESOURCEFULNESS.

It is a lamentable fact that the real initiative to do something for the patient has come more from the active practising physicians in small communities than from those in the large centers. The reasons for this are clear; for the professor of medicine, the pathologist, the attending man in the hospitals is concerned chiefly with the study of etiology, pathology and diagnosis, whereas unfortunately the treatment of the cases is a matter of comparative indifference to him, the patients largely being poor unfortunates and objects of charity who have lost their independence and their right and determination to demand relief or cure.

In country practice, on the other hand, the physician's success depends entirely on his results, that is, on his ability to relieve symptoms and to cure disease; and while it is true that many times the practitioner reaps extravagant praise in cases in which the patient recovered, or was relieved without his intervention (and on the other hand is often bitterly blamed when he has honestly done his best without obtaining the desired result simply because it could not be obtained) it is also true that, in the long run, the physician who learns to use his therapeutic resources correctly is the one who does the most good, who obtains the best results and who climbs to the highest eminence in his community.

It is to the general practitioner then, more than to the scientific physician,

that we must look for the discovery of therapeutic resources.

THE INADEQUACY OF THE OLDER TREATMENT.

There can be no doubt that Skoda and his school were in a measure right and that actually in that day (sixty years ago) to do nothing was better than to do what was considered right and orthodox. Remember that at that time we knew essentially nothing of the cause of disease. Remember that the practice of medicine was still enshrouded in a mist of superstition and of obsolete tradition. Remember that at that time physicians were bleeding and purging and that they were giving enormous doses of horrible mixtures of unknown composition, of unknown strength and of unknown virtue.

THE NEW PATHOLOGY.

Since the day of Skoda, our understanding of pathology, gross and microscopical, our understanding of the extraneous causes of disease, *i. e.*, the invasion of the body by lower vegetable and animal parasites (bacteriology, parasitology, etc.) and our knowledge of self-infection has been enormously advanced; nearly all the endeavors of medicine in the last fifty years have been directed towards gaining a better understanding of the morbid anatomy of disease and of the factors that lead to the production of the structural changes we see in diseased organs.

I intentionally place much emphasis upon the word "structural" because the anatomic side of the question has, until recently, apparently claimed the ex-



find Horlick's Malted Milk? Why? Because it has merit and lots of it, and its merit has been rightly handled by the right kind of peo-

ple. No man has done more to stimulate the doctor to fit his office with up-to-date surgical appliances, and to enable

clusive attention of investigators; and while we must confess that we owe immeasurably to these anatomic studies, and while we willingly concede that a knowledge of pathologic anatomy must form the basis of our future understanding of disease, we nevertheless must also acknowledge that the study of structure alone cannot possibly lead us much further than it has brought us to-day. The curtain, we believe, has fallen on cellular pathology and is about to rise on the *pathology of function*.

The embalming of dead cells is an interesting art but one that will no longer lead us forward into new fields of knowledge. It is clear that in order to understand the pathology of a disease we must understand the normal function or functions, a perversion of which it represents. Simultaneously with the study of cellular pathology, the study of normal function has fortunately advanced by rapid strides so that we know, to-day, that protoplasm, the material substratum of organic life, exercises its varied functions under the influence of a primal stimulus, the source and character of which, it is true, is unknown and in its very nature unknowable; and we realize that any attempt to understand and explain it must lead us into the undefined realms of metaphysical speculation. The stimulus at all events is, if not an inherent property of protoplasm, intrinsically dependent upon its integrity; we know of its existence from its manifestations; we know that protoplasm is the wonderful instrument from which it evokes the phenomena of life; and it is manifested nowhere in Nature unless through protoplasm—protoplasm that is "alive."

Unstimulated, protoplasm is inert; its power remains potential; a stimulus of whatever kind that irritates it produces a reactive display of energy; this kinetic energy is "function." In health the intensity of the stimulus that the individual protoplasmic cell receives is at any given moment regulated by the demands of the whole organism. The adjustment of stimulus transmission must be imagined as so delicately regulated that no energy is wasted and no grain of protoplasm exercises its powers unless there be a demand for the product of its function; the economic rules of supply and demand must be imagined as ideally observed.

If ours were not a struggle for existence, if manifold forces inimical to our well-being did not surround us on every hand, there would be no intrinsic cause for perversions of normal function. Our organism is, however, constantly on the defensive. An army of extrinsic agencies, chemical, physical and living, is at all times trying to invade our system. Nature has furnished us with splendid means of defense; the unnatural conditions of living, however, that our social state imposes, with the many forms of physical abuse that it engenders, have in a measure weakened our natural powers of resistance.

Our living organism, when it is invaded, does not passively suffer, but reacts; this reaction is protective; it is the *vis medicatrix naturæ*; it manifests itself in apparent derangements of function, all expended in the direction of destroying and expelling the invader, or of neutralizing the noxious effects that it is exercising. We can perceive these



him to do so at reasonable prices, than has Frank S. Betz, chief spoke-in-the-wheel (in fact, the very hub) of Frank S. Betz & Co., of

this city. Every doctor knows something good or bad of Betz and his business, and if he knows anything bad, or thinks he does, it

reactive phenomena objectively and subjectively; we call them symptoms of disease or of intoxication. The same invading cause will always upset the normal equilibrium in the same manner, will always produce the same reactive symptoms. Observation has taught us to recognize certain complexes of symptoms, to group them, to name them this, that, or the other disease or intoxication; inversely we are in many instances enabled to determine the nature of the invading cause from the totality of symptoms that it produces.

Whatever the nature of the invading cause, and immaterial whether it be organized or unorganized, the effect will be the same, viz., a reactive display of energy on the part of the organism manifesting itself in a variety of functional derangements which will vary with the character of the toxin that has gained an entrance. Each toxin will produce a different perversion; the differences are of degree and not of kind. A qualitative perversion of protoplasmic function is *per se* unthinkable if we recognize the individuality of the body-cell; a pepsin cell will always secrete pepsin, a bone cell always forms bone. Perversions in a quantitative sense alone are possible.

We know then that two factors must always be operative in the production of disease, namely, in the first place, some extraneous element; on the other hand, the resisting powers of the individual opposing it. If the extraneous element is victorious, perversion of function, that is, disease, results. If the individual is victorious from the beginning, the disease is warded off, or if it is victorious

after the perversions have once set in, then the disease is spontaneously "cured."

It is clear, therefore, that all our therapeutic endeavors must be directed towards aiding the individual in its fight against extraneous agencies. To do this we must understand the means that the organism possesses to accomplish this purpose; on the one hand, we must directly increase the power of these means and, on the other, remove all factors that can directly or indirectly interfere with the unfolding of these resisting powers by the individual.

After this general basic preamble we may approach the subject of rational therapeutics from several directions and along definite, clear-cut lines. We must determine first what the factors are that can produce perversions of function. We must second, determine how these factors produce these perversions. In the third place, we must study how the individual organism combats these attacks, and lastly, we must determine by what means we are able to aid the individual in this struggle.

Chicago, Ill.

(To be continued.)

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The above is the first of a series of papers from this author announced in November under caption "The Tripod of Modern Therapeutics." Dr. Croftan has decided to change his caption but the series remains unchanged. We promise our readers that this is one of the most important sets of papers ever published in the CLINIC. It comes out of the conservatism of a man thorough-



is because somebody has told him so and he has not taken the trouble to find out that it isn't true. "Good goods at right prices, money

back if not satisfied," that's the Betz motto. Chas. Marchand? Answer—Hydrozone. All about it on the back cover. Do you know that

ly educated, thoroughly scientific and thoroughly competent on the subjects which he will discuss. We have long sought these papers for our readers and rejoice with you in our ability to present them as one of the foundation stones of our great work for 1904.

Dr. Croftan points out the specific

cause of disease—disturbed function—and joins the CLINIC in showing how these diversions from the normal may be overcome by a rational, specific therapeutics—helpful remedial measures that, pushed to effect, always produce the same results. This is true, “specific medication.”—Ed.

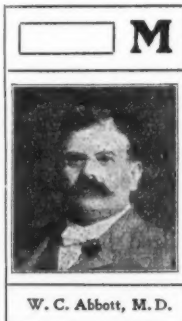
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IODIZED CALCIUM, CALCIUM IODIZED OR IODIZED LIME.
(NOT “CALCIUM IODIDE.”)

By W. C. Abbott, M. D.

A SPECIFIC REMEDY AGAINST TRUE CROUP AND CROUPOUS AFFECTIONS.

MEETS EVERY INDICATION FOR IODINE. BETTER THAN ANY OTHER FORM IN WHICH THIS VALUABLE PRINCIPLE IS PRESENTED.



UCH has been said in the CLINIC regarding this remedy as well as in other current publications, but the interest soon flags for the reason that the claims made seem to many no doubt to be too strong for credence.

Besides, those stimulated to give the remedy a trial do not always get to the right source for their supplies, and therefore not obtaining the remedy, except in name, meet with failure; then instead of trying to learn the reason why, they drop the remedy and array themselves against the idea altogether.

*This article is a compilation, with condensation points and elaboration at others, of material that has already appeared in the CLINIC and is given in direct reply to a persistent stream of inquiry as to what Calcium Iodized is, what it will do and how it does it. Good things may even be more than “twice told” and yet profit us by the telling.—W. C. A.

If those interested will follow me, I will try to explain how this has occurred and how it may be overcome, while at the same time I will refresh your memories and give you an outline of some of the clinical applications of this most marvelous remedy.

The names “Calcium Iodide” and “Iodide of Lime” have long been known in chemistry and in the schools of medicine, yet these names are loosely used and do not always refer (and never properly) to the remedy to which I refer. This is an important point and must not be lost sight of.

The “Iodide of Lime,” so-called, to which we refer (properly “Iodized Lime”), as the *par excellence* remedy against membranous croup is not the chemical crystalline salt CaI_2 ; it is not a crystalline body at all and does not contain that definite molecular combination which that chemical formula indicates, and which should be call-

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Fellows' Syrup of Hypophosphites has been before the medical profession so long and it is so deeply fixed in the hearts of the doctors

that no word of ours need be said. In case of doubt, use Fellows' Syrup. The Roberts-Hawley Lymph holds its place in public favor

ed "iodide of calcium" or "iodide of lime," or even the commoner "calcium iodide," and is totally inert in the conditions referred to.

The "iodized calcium" that we are talking about is an amorphous compound body or substance which does not contain just two parts of iodine to one of lime. It is a compound containing a much larger quantity of iodine which readily separates from its loose combination with the lime, when coming in contact with acids, and thus lets the nascent iodine free to do its absorbing and alterative work.

Therefore, as stated, this preparation should not be called "Iodide of Calcium" at all, but "Iodized Calcium," "Iodized Lime," or perhaps best of all "Calcium Iodized," by one of which proper appellations we shall hereafter designate it.

Iodized lime and its peculiar and specific application to the treatment of true croup was discovered some years ago, and, as it was then called "Iodide of Lime," and "Brown Iodide of Lime," neither of which it is, it attracted little attention.

Owing to this mix-up it was left in its empiricism, and even the few who had learned to rely upon it did not attempt to explain the rationale of its action. While calcium is a valuable reconstructive it serves mainly as a base or vehicle for the iodine to which we must look for the explanation of the peculiar therapeutic activity of the compound.

The remedial power peculiar to iodine is to stimulate to renewed vitality the absorbent vessels of the body which have become either pathologically impaired or

are insufficient in their normal state to take up and dispose of the adventitious matter which does not belong to the body normally. But the difficulty with iodine is, that it cannot be given in its purity, even in medicinal doses, for any length of time without producing unpleasant sensations in the skin, nose, throat and eyes.

This, however, is less the case in children, who are naturally more tolerant of this remedy and become more and more so under treatment especially when it is given in the form of an iodide, and especially when given as iodized lime, very likely because lime is a normal constituent of the body and carries the iodine to it in a more natural and readily assimilable form.

Croup, that sudden scourge of infancy and childhood, when it is merely spasmodic—that is, when the chink of the glottis is narrowed by a spasmodic contraction of the muscular and other fibers of the vocal cords—while amenable to and well treated by iodized lime, can usually be overcome by antispasmodics without iodized lime. Of these, aconitine, hyoscyamine and apomorphine are the best. It is always well, however, to include the iodized lime, for it will do no harm, and diagnosis cannot always be sure.

For a child up to five or six years, give about six tablets, gr. $\frac{1}{3}$ each, or two to three grains of the powder, dissolved in six teaspoonfuls of water, a teaspoonful every five to ten minutes until effect. If for any reason this is not efficient, recourse should be had to apomorphine hypodermically, in addition, attempting to stop with nausea,



—the best evidence of the value of any preparation. The bones of the buffalo are scattered over the prairies. Corks from bottles of

Buffalo Lithia water are scattered over the world. One good and gone, the other good and with us. The Dios Chemical Co., always

just short of actual emesis—this unless the latter be clearly indicated.

But the same croupy cough may be caused by a catarrhal state of the inside of the larynx tumefying the vocal cords, narrowing the chink between the true vocal cords, and thus producing that peculiar croupy cough, and a moderate amount of dyspnea, which antispasmodics will not permanently relieve. The case may even proceed to an exudation of material capable of forming a membrane not only on the vocal cords, but on the parts above and below them, and the danger of suffocation becomes imminent. It may not be easy in such cases to distinguish between a diphtheritic and a simple croupous membrane, and while we cannot be sure of the efficiency of this remedy in the former, we are so in the latter. The traditional remedies against this disease rarely prove of any use, but "Calcium Iodized" properly, timely, persistently and alkalometrically administered will rarely disappoint, and most frequently it will surprise the physician, the youthful patient and the friends, with the gift of all gifts, the breath of life.

From the hundreds of cases in which our true "calcium iodized" has been dispensed in the last few years, the reports which we receive usually run in the following way: Child taken suddenly ill about midnight; dry, barking cough; various external and internal remedies administered; child grew rapidly worse. Doctor called, finds the child extremely restless; temperature elevated; pulse thin, feeble and rapid; veins of neck turgid, nails and lips blue; poor child is gasping for breath; abdomen retracting, flattening at inspiration; probably true croup. The

doctor thinks of tracheotomy, or intubation, and remembers the cases where this "last resort" was resorted to too late. Fortunately he remembers that iodized lime has been highly recommended in the CLINIC, and he happens to have a sample of it at hand; he tries it, a dose in hot water every ten minutes. After the third or fourth dose there is a slight change for the better, and better it goes; portions of the membrane are coughed up, more are swallowed, and the very next day, as often happens (the membrane having been disorganized by the iodine), the child is up and playing.

It is not in our line to exaggerate. We do not try to substitute mental suggestion for remedial efficiency. We are studying, seeking for and finding, too, the most reliable remedies that do really remedy the thousand-and-one ills of the human body, and we do not hesitate to say that one of the happiest finds is this same "Calcium Iodized" against membranous croup.

Iodized lime is also praised by respectable authorities as an absorbent agent in cases of uterine fibroids, when given in small doses three to four times a day for months, and even for a year. It is also praised as a calming remedy against the dyspnea that is apt to arise, at night especially, from heart-disease. So also in the dyspnea of consumptives, and especially in asthma where it is one of the very best remedies we possess. In fact, we believe it may properly be used in all conditions where the iodine effect is desired, and that it will produce that effect with less irritation and with less expenditure of time than any iodine-carrying agent with which we are familiar. But it is in croup, *true croup*, that it



up-to-date in specialty lines, present certain preparations for professional favor and make claims therefore which should recommend

them to trial. Our friends, the Farbenfabriken of Elberfeld Co. (what a jaw-breaker of a name) strive to keep us posted on a line of

shines as the one guiding star that gives a rational hope of success.

CALCIUM IODIZED.

ITS THERAPEUTIC USE IN COUGHS, COLDS, ETC.

This is one of the very best iodine alteratives we have; in my opinion it ranks second to the potassium iodide, and in some instances it is better than the latter, for the reason that it may be given for longer periods of time without producing the irritation of the mucous membranes so often observed when the potassium iodide is being administered. In doses of from one to three grains three times a day and given for months I have never seen unpleasant symptoms arise. Some of its actions resemble to a certain extent those of bromoform, without producing the untoward symptoms frequently seen following the use of the latter drug. The most delicate stomachs will receive it kindly, and retain it, even those of the youngest infants. I have found it to act best when given dry, with a little water to wash it down, or when dissolved in pure water that has been boiled, and without anything in it to cover the taste of the drug. When its local effect upon the throat is desired, it should always be freshly dissolved in water and it should also be dissolved in water in all cases when given to young children. The Abbott Alkaloidal Co. have made tablets for me containing one-third of a grain each, which I find convenient for administration—they also supply the preparation in powdered form.

Rightly understood, the remedy may be given with benefit in a wide range of

diseases. I will briefly relate some of the uses I have made of the drug without taking up valuable space with lengthy case reports in detail.

IN SNUFFLES.

To young infants with the "snuffles," whether due to post-nasal adenoids, hypertrophied turbinates or inherited syphilis, given in doses ranging from $\frac{1}{2}$ to $\frac{3}{4}$ of a grain three or four times a day as indicated, it will be found to quickly relieve, and with removal of cause will soon effect a cure. Older children with night cough, due either to catarrh of the naso-pharynx, or to clogging of the bronchi in subacute or chronic bronchitis, doses of one-third to one grain, repeated every fifteen minutes for a few doses during the paroxysms, will often give relief when everything else fails. Through its alterative action it favorably influences these cases when given continuously three or four times a day.

IN LA GRIPPE.

In these cases after grippal attacks, when the bronchial glands are enlarged and there is found upon examination of the throat, a tough, grayish-yellow secretion adhering closely to the folds of the soft palate and to the sides of the pharynx, extending into the vault, and in which there is a disagreeable, dry, rasping cough, "Calcium Iodized" in doses of one or two grains, dissolved in water, and given every three or four hours, will act promptly and afford relief sooner than any other remedy yet tried. It is well, also, in these cases to use locally a spray of either Seiler's or Dobell's solution. [Try it as a prophyl-

specialties well known to the profession, tending toward the relief of very important phases of constitutional disturbance, Hedonal, The-

ocin, etc. A good thing always good and ever good will be found in the Empire Elastic Goods. If you don't get good results it is

laxis in exposed cases. It may surprise you.—W. C. A.]

IN PAROXYSMS.

Those cases of heart-disease in which there are nightly paroxysms of an intense feeling of oppression in the chest, with spasm of the bronchial tubes, suffocation, dyspnea, and an incessant dry, metallic cough, one grain of "Calcium Iodized" every fifteen minutes usually relieves by the time the third dose is taken. The drug has been given to only one case of this kind, but to this one it has been given between twenty and thirty times, and always with the same happy effect. This, too, after I had tried codeine, hyoscyamine, atropine, morphine, aspidospermine and glonoin, by the mouth and hypodermically, without giving the least relief. Some of them seemed to increase the distress, viz.: glonoin, morphine and codeine. These remedies were not all given during the same attack. Now the patient goes to bed with a supply of the little tablets by his bedside and at the first uncomfortable intimation of a return of the paroxysm, three or four tablets are taken and repeated at fifteen-minute intervals until relieved. Of course the remedy does not influence either favorably or unfavorably the heart lesion.

TUBERCULAR COUGH.

In the night coughs of tuberculosis it is an invaluable remedy; two or three one-grain doses repeated at half-hour intervals just before bed-hour will usually cause the patient to rest well until between three or four o'clock in the morning, when a few more doses repeated in the same manner will bring him comfortably through the night. I have sometimes thought, too, that it lessens

hectic fever, and prevents night-sweats. At least those patients to whom I have given it have not been troubled to any great extent with either. It may not, however, check or retard the course of the disease, when it has gone to this extent, but it is a point gained to be able to smooth the pillow of these patients, be it ever so little, in their approach to the grave. [Its efficiency is yet to be proven. Combined with Nuclein and the Tonic Arsenates it may round out this treatment to a very desirable fullness. So far our experience is very favorable.—W. C. A.]

While I have not given the remedy in the so-called reflex coughs, due to irritation of the womb, ovaries or stomach I am of the opinion that it would give some relief in these. I am inclined, also, to think it would do good in whooping-cough, although I have had no opportunity of testing it in that disease. [It is excellent.—W. C. A.]

IN CROUP, TRUE OR FALSE.

It is, however, the remedy of all remedies in that dread disease of childhood, croup, both in the catarrhal or spasmodic and also in the membranous forms. I speak advisedly in this, after a pretty large experience in the treatment of both forms of disease.

In the twenty-two years I have been practising I have tried almost everything that has been recommended for the relief of this dread destroyer of children, and only with very indifferent success until I began to use "Iodized Calcium" six years ago. My success with it has been such as to warrant the statement that it will cure every case in which the remedy is properly used, if the treatment is begun before the patient is moribund; and that, too, so quickly



because you don't use them right—Bandages, stockings, supporters—everything O. K. Zemaol, as a local application or protective in

eczema, is said to bear out the reputation of the Norwich Pharmacal Co. for good things. The scheme is novel and for the sake of the

and pleasantly as to be a surprise to everybody, the physician himself included. The latter would be inclined to think he had mistaken the character of the disease if it were not, as in the cases of older children, that the membrane is coughed up in shreds with emesis. Younger children swallow the membrane as it is exfoliated.

My confidence in the remedy is such that I do not go to see these patients latterly, except when the messenger insists upon my doing so. When I do go I always notice that relief begins in from one to two hours after commencing the treatment. First, the respiration gets easier, the cyanosis gradually disappears, and in about two hours the membrane begins to be thrown off, which continues for several hours or until all is expelled. In those cases where the membrane is thoroughly organized before the beginning of the treatment, it is sometimes twenty-four hours or longer before the whole of it is thrown off.

My usual procedure is to measure out ten grains of the remedy with directions to dissolve the whole in four ounces of water that has been boiled, and to give a teaspoonful every ten minutes until relief begins, then at half-hour or hour intervals until fully relieved. Since I have had the remedy in tablet form, containing one-third grain each, I give a sufficient quantity of these, with instructions to dissolve each dose in boiled water as it is given. In addition to this, I direct that one-half to one grain of calomel be given hourly throughout the whole course of the disease. It may be suggested by some that the calomel has as much as or more to do with the favorable result than does the iodine. To this I would say, that I think myself

it is an efficient aid, but that previous to beginning the iodine treatment I had given calomel in every known way and size of dosage without any such result as I now obtain.

I find in this treatment no occasion for the use of emetics, nor is there any emesis from the iodized calcium or calomel. Sometimes, after giving the calomel six or more hours, when I think there has not been sufficient catharsis, I give a dose or two of castor oil, but this is usually not necessary in children younger than four years.

These are bedside reports of this remedy from actual experience. Let the conditions be recognized, and similar results, I feel sure, will follow its administration at your hands.

ZOPHAR CASE, M. D.

Warrensburg, Mo.

This article was contributed to the CLINIC years ago and Dr. Case reports that his subsequent experience entirely corroborates the above. There is no question about the almost marvelous utility of this product, which is so simple that the profession thus far have largely passed it by. Try it and be convinced. But use the right thing, don't try to get results from the commercial iodides or you will be disappointed. Nothing will do it but "Calcium Iodized."

CALCIUM IODIZED FOR MEMBRANOUS CROUP.

AN EFFICIENT TREATMENT.

I have tried all of the specifics that I have ever heard of for membranous croup, and I have seen but one case get well without intubation. A few years ago a Dr. Chapman reported, before the

practitioner who needs it, we hope it is a success. We know Unguentine is, for we have used many pounds of it. To know something

and to know how to say it is a right good thing. Finley Ellingwood's Work on Materia Medica and Therapeutics demonstrates that

Kentucky State Medical Society, four consecutive cases of this disease treated by giving coal oil, all resulting in recovery; and I was rather anxious to have a case to try it on, thinking we had a specific for this most terrible disease of childhood. The opportunity soon offered itself and I lost out; and another opportunity, and another case lost. I then tried lac. sulphur, which I had seen recommended in a medical journal, but if it did any good I was unable to discover it. [Dr. Chapman's cases were undoubtedly diphtheria. Coal oil or turpentine, preferably the latter, and in heroic doses used to be my sheet anchor before alkalometry gave me something better.—W. C. A.]

The dark iodide of lime [note error in nomenclature.—W. C. A.] then seemed to have the field, and I resolved to try it the first opportunity. My first case was in my own baby girl, not quite three years old. She was at first simply very hoarse, and I was hopeful that it was only a simple laryngitis, though she had no voice above a whisper from the beginning. In four or five hours her breathing became labored, when I began to give the lime in 1-grain doses every two hours, in solution. Her breathing became more labored and was from 36 to 45 per minute, and the taste of the lime became so nauseating to her that she just could not take it. I then conceived the idea of giving it in capsules and increased the dose to two grains, and gave it for the next four days every hour, day and night, except she would lose about two doses during the night on account of being asleep. And here's a trick about giving her the capsules, which I have never seen in any book or journal. It is this: Take the capsule, a

No. 3 or 4, and dip with your fingers into a glass of water, and when it becomes thoroughly wet it is very slick: have the child to open its mouth and protrude its tongue and then with the capsule between thumb and finger and close to its mouth give the capsule the proper squeeze, and it is shot into the fauces and swallowed before the child is aware it is trying to swallow anything. [A neat, practical tip. I have done it many times, but never thought to speak of it. More "tips" please.—W. C. A.]

This is the only opportunity I have had to try this remedy, but the result is so encouraging that I shall try it again. It is now over six weeks since she was first taken, and her voice is not entirely natural yet; and for over three weeks she was unable to speak above a whisper.

I have saved two other cases by intubation, out of four operations. Let us have an experience meeting.

G. G. T., M. D.

—, Kentucky.

[Calcium iodized is undoubtedly today the most efficient remedy in croup and croupous affections as well as the best form in which iodine can be given. This is a bold statement but it is justified by the facts in the case. Every practitioner should have it on hand for emergencies. When he has it and knows it he'll find use for it every day and results will charm him. It truly is a wonder.—W. C. A.]

TRUE CROUP.

Probably there are few things in our professional life which make a deeper and more lasting impression upon our minds than the deathbed scenes of our first patients, especially if the object of

the expression fits our good Doctor of the Eclectic School. Few books in our library are referred to oftener. The American X-Ray Co.

offer a neat and inexpensive apparatus by which you can read the "innards" of your patient—can take it from the office to the

our solicitude chance to be beautiful little boys and girls struggling for life in the grasp of that much-to-be-dreaded destroyer of juvenile existence—membranous croup.

Dr. Eberle, in his "*Diseases of Children*," published in 1841, says: "In the long list of human diseases there is none which presents a more painful scene of anguish and distress or which excites more poignant feelings of sympathy in the heart of the physician, than the one now under consideration. I have witnessed the approach of death under a multitude of appalling forms, but in all the deathbed scenes which it has been my misfortune to witness I have never had my feelings so deeply affected as when looking upon a blooming child struggling under the ruthless grasp of this terrible disease."

During the first years of my professional life it was my lot to be several times called in council in cases of membranous croup. With one exception these cases proved fatal, and the agonizing appeals to be seen in the eyes of these unfortunate little sufferers long after they were unable to articulate, and later the heart-rending scenes accompanying their demise, overwhelmed me with sorrow and sent me home almost to a sick-bed.

The dreadful fatality of the disease, the agonizing symptoms and the futility of medical assistance, made a most lasting impression upon my mind, and without any especial determination upon the matter I found myself almost instinctively turning my thoughts to a consideration of the disorder.

As the years went by these cases fell into my hands, and my efforts to save them were accompanied with such long

and trying scenes and such fatal results that I came to look upon the disease as the most-to-be-dreaded in the long list of maladies peculiar to childhood. But while I lost my patients I still profited by the experience. My views of the cause of the disease and the line of treatment which gave the best results became more mature, and after some years of study, observation and thought I came to the conclusion that the views of the older authors, that the disease is a local inflammation accompanied with a fibrinous exudate, and that it is in no sense a diphtheritic exudate, were correct. In accordance with this theory I began the use of alterative remedies, and while I still lost cases, a larger percentage were saved. I came to rely upon the muriate of ammonia as the most efficient. Little by little I became convinced that if a more active resolvent could be found, better results could be obtained. I next used the iodide of calcium (or lime), a salt but little employed by the profession. [The author refers here to the true salt, not to "Calcium Iodized" the specific with which he became acquainted later.—W. C. A.] It is of a slightly yellow color and readily soluble in water. I found this remedy a more active resolvent than ammonium muriate, and by its use saved a larger proportion of my patients, but I found that of itself the remedy was not sufficient and that it was necessary for me to remain with my patients during the night and resort to the use of slacked lime, etc.

The next step forward was in the employment of a remedy which up to the present is not mentioned in our materia medica or even in the latest edition of the United States Dispensatory. This

house or anywhere that you want to use it—The apparatus I mean. The cut in the ad of John F. Betz & Son, Philadelphia, Pa., is bot-

tom side up on purpose but Goldbeck's Malt Extract is right side up for business. Standard, dependable. Try it. Samples come easy.

remedy is the "dark iodide of lime," so-called (or "Calcium Iodized") which is doubtless the most active iodine alterative known to medicine.

About seven years ago I first used this salt in the treatment of membranous croup, since which time all difficulty in curing every case which has fallen into my hands has ceased, and I am firmly of the opinion that nowhere in the domain of therapeutics have we a remedy more deserving of the name specific. *During these seven years I have treated not less than twenty-five or thirty cases of this fatal disorder, true croup, without a single failure and without remaining at the bedside of my patient for a single hour.* Under its use the symptoms quickly improve and invariably disappear, and the patient moves forward to an easy and sure recovery. The dread which I formerly had of this malady has entirely disappeared and I take charge of these cases with as much assurance of recovery as though the little ones were suffering only with measles.

There can be no doubt that there are cases of diphtheritic croup which so closely resemble membranous croup that it is impossible to arrive at a definite diagnosis. I refer to those cases of diphtheria in which the exudate confines itself to the trachea and smaller tubes and fails to appear upon the tonsils. But these cases are so rare that I have met with but one, and in it the exudate appeared upon the tonsils about the fourth day.

I mistook this for a case of membranous croup, treated it with the dark iodide of lime and lost the patient, not being able to diagnose the diphtheritic character of the disease until the tonsils became involved, which was only a few

hours before death. But there are few cases of diphtheria which fail early to attack the tonsils, and the exudate of membranous croup never appears upon the tonsils. It is important that no error in diagnosis be made if satisfactory results are to be obtained from the use of the dark iodide of lime, for while the remedy is almost certain to cure any case of membranous croup in which it is used within reasonable time, it possesses no curative virtues in diphtheritic croup.

Dr. George W. Gay, in an article written for the "Reference Handbook of the Medical Sciences," Vol. II., page 340, says: "The profession has always been and still is divided upon the question of the identity of these two varieties (of croup), one portion claiming that the primary is purely local and the secondary a constitutional affection; while another portion, with equal confidence, asserts that they are one and the same disease with different manifestations. Much of the confusion that exists upon the subject is due to the fact that authorities are not agreed as to what group of symptoms shall constitute either malady.

"Typical cases of the two varieties of croup under consideration are distinct enough, but in localities infected with diphtheria the clinical history and the anatomic appearances shade into each other so gradually that it is not always easy to determine to which class a given case belongs, especially in the early stages, the time when it is most desirable to make an exact diagnosis. Dyspnea, the most prominent and important symptom, is common to both varieties of the disease. Glandular enlargements, nasal discharges, albuminuria and paralysis, are the distinguishing features of diphtheria. Fatal cases of diphtheria in

Who doesn't know the Flavell Bros., of Philadelphia and their excellent line of elastic goods—supporters, trusses, stockings, abdom-

inal bandages, etc., etc. Prices always moderate, service always first class. J. B. Daniel Co., of Atlanta, Ga., are still talking Passi-

which the larynx is not involved are common. Primary croup, on the contrary, is usually a laryngeal affection from the first and causes death from suffocation. In short, the latter is simply croup and nothing else, while diphtheria, while occasionally complicated with croup, is something more.

"Many of the older members of the profession, who had opportunities for studying croup when and where diphtheria was unknown and did not exist, and whose opinions are entitled to great respect, recognized the clinical difference between the two affections. They did not look upon croup in those days as being contagious, nor did they observe any of those constitutional symptoms so prominent in diphtheria and so characteristic of septicemia.

"There is an acute, non-contagious and non-infectious disease of the larynx, local in its nature, confined to the upper air-passages, not epidemic, characterized by the formation of false membrane, which causes the principal symptom, dyspnea, and very often destroys life. This is primary croup, and at the present time it is of comparatively rare occurrence.

"Second, there is an acute, contagious, infectious and often epidemic affection, presenting a membranous deposit in the fauces, larynx and other localities, accompanied by symptoms of blood-poisoning such as enlarged glands, nasal discharge, albuminuria, paralysis, debility and coma. This is diphtheritic or secondary croup. For more than a quarter of a century it has been the prevailing variety of the affection, and, like the preceding variety, it is very fatal."

Henoch's "*Diseases of Children*," page

140, says: "My opinion that croup is the highest development of acute laryngitis is opposed to that of many authors who regard it as always diphtheritic. I will acknowledge that croup has become more frequent since the epidemic and endemic spread of diphtheria, but I see herein no reason to deny every other mode of development. I know from experiments that croup can be produced in rabbits and dogs by the application of caustics to the tracheal mucous membrane and the inspiration of hot vapor of water."

Ellis, in "*Diseases of Children*," says: "Similarity of cases here and there does not remove the great broad line which, looking to the totality of the symptoms, appears to me to run plainly enough between the two. In diphtheria the exudation is formed upon the tonsils and pharynx and spreads thence upwards and downwards. Whereas in croup I recognize a disease sporadic and doubtfully if at all contagious, of a rather sthenic character at first in which not the tonsils and pharynx, but the larynx and trachea, are the parts first attacked.

The following is a clipping from a medical journal, the author of which I cannot now recall. It corresponds with my own observations:

A COMPARISON.

<i>Membranous Croup.</i>	<i>Laryngeal Diphtheria.</i>
Is due to exposure to cold.	Due to a specific poison.
No period of incubation.	Period of incubation 1 to 5 days.
Is a local disease, consisting of an inflammation of the mucous membrane of the larynx with exudation of false membranes.	Is a constitutional disease, where bacteria are deposited and form false membranes on the mucous membrane of the larynx.



flora to the profession. Truth twice told profits by the telling. No better preparation of this excellently useful drug than theirs.

The Western X-Ray & Coil Co. present a novel portable outfit with various attachments and arrangements. It is a novel of ingenuity

The false membranes, beginning in the larynx, may extend from there to the pharynx.

Affects children only.

Begins most suddenly, at midnight, with croupy cough, etc.

The child loses its strength only after frequent vomiting and towards close of the disease.

Never any constitutional symptoms except high fever (symptomatic of the violent larynx inflammation) and near death, symptoms due to want of oxygen.

Never any complications.

Albumin in the urine only after dyspnea has become great.

Never enlargement of glands.

Never contagious.

Never followed by any sequelæ.

Rapid convalescence.

False membranes soluble in potash solution, hardening in sulphuric acid.

Membranes consisting of new formations of cells.

The false membranes exist at the beginning of the disease in the pharynx, and extend from there down to the larynx, and frequently up into the nose.

Attacks adults also.

The child has been ailing 3 to 5 days before croupy symptoms appear.

The child becomes weak from the very beginning and loses strength rapidly, even before appearance of croupy symptoms.

Constitutional symptoms from very beginning moderate fever long before laryngeal symptoms, and child dies often from septicæmia before death by suffocation sets in.

Often nasal diphtheria, sometimes endocarditis, always septicæmia.

Albumin in the urine from the very beginning of graver symptoms.

Enlargement of glands from very beginning, and never absent.

Very contagious.

Frequently followed by local and general paralysis.

Very slow and tedious convalescence.

False membranes soluble in sulphuric acid, hardening in potash solution.

Membranes consisting of masses of bacteria and cells.

These differences are not the result of artificial work, but they appear in every case of either disease, and are taken from nature; and I hope that I have convinced you that membranous croup and laryngeal diphtheria are by no means identical, but totally different diseases, distinct from each other. And let me impress upon you once more the fact, that while the former is a local the latter is a constitutional, infectious, contagious disease.

It seems that the diagnostic points, as above enumerated, are sufficiently distinct to enable the physician in all but the rare cases already described to distinguish between them.

In using iodized lime I add ten to fifteen grains of the drug to four ounces of water. Of this I order from one to two teaspoonfuls every thirty minutes until better, then less frequently. Should an emetic be needed I prefer about three grains of turpeth mineral repeated every one-half hour until successful. The iodized lime is not poisonous.

It is not necessary to stir up the deposit of white lime which will fall to the bottom of the cup because the iodine, which is the active principle, is in solution.

The use of the dark iodide of lime will certainly revolutionize the treatment of membranous croup, and wherever its virtues are known the dreaded mortality of this disease will disappear.

The *Medical World* says of it, editorially, that "the dark iodide of lime is a specific in membranous croup."

A medical writer in the *Charlotte Medical Journal* says: "I believe the remedy is the most reliable ever used in membranous croup."

Dr. A. G. Beebe writes that with its

and well worthy the attention of those interested. A glance at the ad pages will locate this firm as well as all the others referred to.

It is well said that where there are dogs there are fleas, where there is success there will be imitators. Few have been pestered worse than

use there is no reason why any case of the malady should fail to make a good recovery. He has used it in many cases without a single failure.

Dr. L. S. McMurtry, of Louisville, says: "I find it to be an alternative of exceptional value, readily borne by the stomach and yielding prompt and positive results."

I have used the dark iodide of lime in not less than thirty cases of membranous croup without a single failure, except in three cases in which I was called late in council. Two weeks ago I saw a case in which the family physician had just left, saying he could do nothing more for it. Twenty-four hours' use of the dark iodide cured him.

I have wondered if the doctors are careful to exclude the light from the drug at all times. I always keep the solution in a cup and direct that a saucer be kept over it to exclude the light, which soon destroys its value.

DR. V. E. LAWRENCE.

Ottawa, Kansas.

[This excellent article, the gist of the differential diagnosis of True Croup and its successful treatment was written before we had insisted on and secured a proper name for the remedy, hence the apparent confusion. Dr. Lawrence means "Calcium Iodized" just the same. "Brown Iodide of Lime" or "Dark Iodide of Lime" may pass, but as it is not an iodide, "Calcium Iodized" is better.—W. C. A.]

TRUE AND DIPHTHERITIC CROUP.

Apropos of the discussion of membranous vs. diphtheritic croup, permit me to

say that as a result of my observations during fifty years of practice, I have no doubt as to the absolutely distinct nature of the two diseases. And yet without attempting, or being able, to explain the fact—as a fact it is in my experience—that while I have seen many cases of exudative croup since the advent and general prevalence of diphtheria, yet not one of these has been an old-fashioned case of membranous croup such as I not infrequently saw during the earlier years of my practice; but every one has been unmistakably diphtheritic in character.

Doubtless this will be taken by the advocates of the identity of the two forms of this disease as proving that I have had but one disease to treat; and so would I say, if my experience were confined to the last twenty years. But I question if a practitioner of forty years can be found who believes that there is but one variety of membranous or exudative croup.

A. Y., M. D.

—, Mass.

[Diseases and types of diseases undoubtedly change and will continue to do so.—W. C. A.]

TRUE CROUP.

A THERAPEUTIC NOTE.

My boy, 18 months, was seized with sudden hoarseness and fever, could not articulate, breathing labored; in four hours gray patches showed on glottis. Gave "Calcium Iodized" gr. $\frac{1}{2}$ every fifteen minutes until vomiting, when he brought up a patch of membrane the size

the Maltine Co. Where are the imitators? The Maltine Co. is still doing business, bigger and better and more of it, and their new

iron product, Neoferrum, is one of their best. We don't know a thing about Satyria of the Satyria Chemical Co., St. Louis, Mo., but what

of my thumb nail. Continued remedy for twenty-four hours. Result, prompt recovery.

—, Illinois.
DR. E. J. C.

This compilation, with notes and comments, will be continued in the "Miscel-

laneous Department" of the CLINIC for January. I sincerely hope that in the meantime thousands of CLINIC readers, if there be such not alive to the exceeding value of "Calcium Iodized," will put the remedy to the test.

Chicago, Ill.

(To be continued.)

STOMACH LAVAGE WITHOUT THE TUBE.

By N. R. Gordon, M. D.



IN catarrh of the stomach and in nearly all forms of dyspepsia, especially the atonic variety connected with dilatation, washing out the stomach is the most valuable treatment that can be used. Dilatation of the stomach exists in most forms of gastric indigestion to a greater or less degree; the anatomical change that occurs, is an increase of the greater curve of the stomach, making a true gastroptosis or bagging which furnishes a fit receptacle for the prolonged retention of a portion of its contents. The extension downwards of the stomach is often increased from ten to twelve inches over the normal, making as you see a deep pocket.

Hence it is well nigh impossible, where there is muscular insufficiency of the walls of the stomach, for that organ to expell through the pylorus, all its contents without some artificial assistance. There remains then a residue of stomach contents from day to day

which ferments and contaminates the fresh supply of ingesta upon its arrival in the stomach. Whether there be food taken or not, the stomach secretions gather in this bag and remain there an indefinite length of time, because the stomach is physically unable to expel them. Especially is this true of a morning—hence this is the most appropriate time to wash out the stomach. Common sense would tell us the advantage to be gained by cleaning out this internal cesspool.

Modern science has taught what the Bible told us ages ago, that cleanliness was next to godliness, in other words, approximative asepsis or cleanliness of the digestive tract is better than medicine. What good can come from the introduction of medicine, or any other procedure, except that under consideration, when the stomach is positively coated with a slime which it is unable to eject?

"Clean out and clean up" is the watchword, and how shall we do it? Easy enough; apply the same principles we use in washing out a bottle, this will be found both effective and convenient.

Remember that the law of gravitation acts in the body as well as out of it, and

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they say about it in their ad sounds good—straight and to the point. That's the way an ad should read. The Windemere Springs Co.,

of North Gorham, Me., offer something good to drink in their Granite Spring Water—good, because it tastes good and does good so they

that water runs down hill. Bear in mind the shape of the stomach. The entrance to it is to the left, and the outlet to the right and the greater curvature expanded so as to resemble very much the "baggy knees" of last summer's trousers, and from ten to twelve inches below the level of exit. Muscular force is diminished and we have a plain, simple proposition in natural physics.

Soon after rising in the morning the patient should sup a pint of warm water containing sufficient salt to give it an agreeable taste; then lie down on the back and turn from one side to the other rather rapidly from ten to fifteen times; then turn on the left side and draw up the knees slightly, then a voluntary contraction on the diaphragm and abdominal recti muscles the stomach can be made to move up and down, that is from sternum to umbilicus, a kind of shaking process. Repeat this from ten to fifteen times, allowing intervals of repose of a few minutes between every three or four contractions, then turn to the right side, repeating the same operation. Remain resting on the right side from forty to

sixty minutes, by this time the entire stomach contents will have passed out through the pylorus into the duodenum. In this manner we apply the same principle as used in washing out a bottle, viz., partly fill with water, shake and turn mouth down to drain.

Many cases of dyspepsia can be cured by this washing process, if we add to it simplicity and care in diet, and never eat until hungry.

Springfield, Ills.

—:o:—

Dr. Gordon is on the right track. The patient afflicted with dilation of the stomach should usually and immediately enter upon the no-breakfast plan, should take a good dose of berberine, strychnine and quassin after meals, should eat very lightly and would profit if in addition to the expedient suggested above he would take a good dose of Saline Laxative along with the water suggested for stomach lavage.

I wish that Dr. Gordon would try these suggestions in addition to his most admirable expedient and report results through the CLINIC.—ED.

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A CASE OF EPILEPSY TREATED WITH THE ALKALOIDS.

By W. F. Radue, M. D.



ACCORDING to my promise I will now give you a report on a case of epilepsy and its treatment with verbenin. On February 28, 1903, Mrs. A. called at my office and gave the following history: Is 35 years of age, has two children and said she had been treated many years by over a dozen doctors for "fainting and cramps in the bowels." Said these at-

tacks would come upon her from one to a dozen times a week and that she could tell when they would come by a peculiar sensation which began in the toes of the left foot and extended up to her abdomen.

I therefore diagnosed her case as epilepsy and began the following treatment: Ordered 2 verbenin tablets, A. A. Co., three times a day for a week when she called and said she was no bet-

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say, comes from a good state, too. One of the great advances in electrical application in medical practice was the introduction of the

Chloride of Silver, Dry-Cell Battery. Our Baltimore friends were, I believe, the first to introduce it and like the first in most lines.

ter. I then ordered 3 tablets three times a day. She reported in another week "no improvement." This was February 26, 1903. I then ordered 3 tablets verbenin four times and requested her to report in 10 days.

She called March 8, 1903, and said the attacks were more frequent but of shorter duration. I then gave her 4 tablets four times a day and she reported March 20th and said she had had only one slight attack on the 18th of March. I then ordered her to take 5 tablets four times a day. She called again on April 2nd and said she had a severe attack of convulsions on April 1st. I ordered medicine continued and in addition gave her antiepilepsy granules (Timmerman), each atropine sulphate gr. 1-600, glonoin gr. 1-500, three at bedtime. She called again April 12th and said, I feel a slight aura in the toes of the left foot every night but it is of short duration.

I ordered medicine continued as the week previous and she called April 20 and said that the aura had not returned, and that she felt quite well. I continued the medicine in the same doses and told her to report in two weeks. She called May 6th and reported as follows: I have not had a sign of the attacks in two weeks. I continued the medicine and asked her to call in two weeks. She called May 21, 1903, and reported as follows: On May 13th I had two attacks, also two the next day and one the day after, but not of long duration. I feel better between the attacks than I have for years.

As my patient has removed to Long Branch, N. J., I gave her a supply of the following for a month: Verbenin, $\frac{1}{3}$ gr., 6 tablets four times a day; potass. bromide, gr. 10., one tablet 4 times a day

in water; Intestinal Antiseptics (W-A) 2, three times a day between meals with Saline Laxative in the morning and asked her to call when medicine was out.

She called again June 23, 1903, and said she felt very well, not having any other symptom than a slight aura now and then in left toes but of short duration. I gave another supply of medicine and asked her to call in a month. She called on August 1st, being away 5 weeks; said she felt well up to July 27 when she had a slight attack and said she thought it was caused by her eating corned beef and cabbage, which I confirmed.

Having given her explicit directions not to eat meat nor to use any salt in her food, I now told her to take the medicine as before and report in one month. She called September 2nd and said she felt well, not having had any symptoms of her former affliction, said her appetite was good and that she was gaining in strength and weight. Ordered her to take five tablets of verbenin, gr. $\frac{1}{3}$, four times a day and sodium bromide, 5 grains four times a day, Intestinal Antiseptics 2, three times a day with Saline Laxative in the morning and to report when medicine was out. She called today, October 7, 1903, and reported as follows: I feel very well and happy to know that I am free from the attacks, after being treated for ten years by numerous physicians without any results.

This is my experience with verbernin in epilepsy and though the results were not as favorable in my case as some of the reports shown, I must say that the addition of the bromides and Intestinal Antiseptics with the verbernin, worked results beyond my expectations. In



still stand away ahead of their imitators. The discriminating public does not take kindly to imitation. The Natural Body Brace Co., of

Salina, Kansas, offer what always appears to us to be a most excellent supporting appliance. We have never tried it, but what we have

conclusion would say if all epileptic cases can be so much improved by verbenin and bromides with Intestinal Antiseptics and Saline Laxatives, of course not forgetting to forbid all meats and salt and to avoid all excitement, and living in the open air as much as possible, it would be an advance in the treatment of epilepsy which the profession has never experienced and a solar-plexus blow to the old-galenic mode of treatment of that disease.

To my mind the only true and correct practice is the use of the alkaloids in small and frequently-repeated doses until effect and then less often as the case requires.

New Durham, N. J.

—:o:—

We are glad to have Dr. Radue re-

port. There is much about epilepsy to interest us all and study enough for the best of us. Dr. Radue thinks he has cured this case, I do not. He has it under temporary control; if he watches it he will find it will crop up later on. His treatment is good, but it will have to be continued and the case will have to be held at least two years before the doctor can feel safe that he has it cured to stay.

Dr. Brewer of this city, so well known to CLINIC readers, thinks he has a specific treatment for epilepsy and he will not touch a case he cannot have under his direct care for two years or more. Epilepsy is worth studying. There is lots of it. It manifests itself in many ways. The old bromide treatments only mask the symptoms, and as a rule ruin or destroy the patient in the end.—ED.

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DISEASES OF THE RECTUM AND HOW TO DIAGNOSE THEM.

By Geo. H. Candler, M. D.

BEFORE the neophyte decides against the injection treatment of hemorrhoids and makes up his mind that to pose as an advanced and perfectly-educated surgeon he should do some visible (and "feelable" as the little girl said speaking of a spanking) cutting, let him digest the fact that in one summer in one city two otherwise healthy men died from hemorrhage within a few hours after operation for total extirpation of "the piles." The skill of the operator in each instance was beyond question but severe if not fatal hemorrhage may follow the knife in any of these cases. The injection method if properly performed is perfectly safe and its effectiveness fully equal to the more dangerous cutting operation.

Before making any appointment for the performance of rectal work it is well to be positive in your own mind as to what you have to deal with. More than one young doctor has begun to operate for hemorrhoids only to find that he had a polypus, or a fissure with ulceration, or even cancer, to treat. Make a thorough and detailed examination, using eye and finger together, and be sure that when you do make your diagnosis it is founded on the clinical facts.

Some brief diagnostic differences to remember are these: If there are hemorrhoids the patient will invariably complain of an itching or burning sensation, if at no other time then after stool; there may be a feeling as of a foreign body in the rectum. An aching dragging pain

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heard of it has been good. The name of Merck is one to conjure with in drug lines. It always means a good thing. Several Merck ads

will be found in the CLINIC. Their Thiocol is a good antiseptic. Much is yet to be done in this field, but thiocol appears to be a step

is felt in the "small of the back." This may extend down the limbs, or to the ovarian region in women. Bleeding is a common symptom of most rectal diseases as it is of "piles," but is not a necessary accompaniment.

Polypus is diagnosed by the fact of a hard mass protruding at time of defecation, with a feeling of something resisting the passage of the stool. This will be found flattened and the pain experienced from the tension on the bowel wall is often intense. Bleeding of a serious character may result from tearing of the wall.

Fissure will cause the most intense smarting, burning pain at time of passage, and the bleeding may be profuse and spurting or consist of a prolonged dripping. The distress lasts for six to eight hours after the bowels are moved and the throbbing, itching, burning ache is said by patients to be tormenting enough to prevent them from attending to anything else. Heat relieves, cold aggravates.

Ulceration and rectal catarrh are both evidenced by a constant and more or less profuse flow of a white of egg discharge from the anus. In some cases the flow takes on a mucopurulent character and then it is extremely acrid and sets up a most persistent and intractable pruritus. This is usually worse at night and may be aggravated by any error in diet.

Malignant disease is to be suspected first from the pain well up in bowel, secondly by the ribbon-like stool, and thirdly from the general cachexia present. These are the symptoms which will make one suspect cancer, but there have been cases where there was no pain to speak of. The facial peculiarities are often lacking and the odor which some

authors speak of as diagnostic is absent as often as present. Hemorrhage may or may not exist. It is however usually present fairly early. Neither is it safe to exclude cancer because the patient is young. While as a rule cancer of the rectum is a disease of middle life; it has been found in those under twenty. Now, if some of the symptoms enumerated are encountered in a person over thirty, the probability is that there is cancer present. By an external examination much or little may be gleaned. The idea that cancer begins oftener at the anus than above it is wrong. There may be little or no exterior signs of trouble but a digital exploration will reveal a far-advanced cancerous growth. This then is the main point—thorough and intelligent digital exploration. In some few cases the finger may fail to reach the affected tissue but this experience will be seldom met with.

The speculum is an abomination in diagnostic work in this disease. The trained—or even the untrained, if delicate—finger is the surgeon's reliance.

The two conditions which may be easily confounded with cancer are ulceration with inflammatory deposits, and syphilitic ulcer complicated with stricture. If cancer exists the affected area presents to the finger the sensation of a firm growth which may in the early stage involve only the mucous coats. This will be found to be freely movable. If of the scirrhus variety nodules will be discovered and often in the male the prostate will be involved. Cancer rapidly yields to pressure and infiltration and breaking-down of the tissues proceeds rapidly. The syphilitic stricture is never nodular though firm, and does not yield to pressure. The discharge from



in the right direction. Down in Fulton St., in New York City, will be found one of the earlier advertisers in the CLINIC. Who doesn't

know "Sam Owen" and Glyco-Thymoline? Both good and true. The first 9-vial premium case that was made for the CLINIC was made

simple or syphilitic ulceration is the usual ulcerous discharge, while the cancerous discharge is like nothing else. In cancer there is invasion of contiguous parts; there is never anything of that kind from the non-malignant lesions.

As this article is intended as a mere hint *en passant*, as to how one may recognize certain rectal diseases and avoid errors, it would be tedious to attempt to classify or describe the varieties of cancer affecting the rectum. Roughly, there is the hard or soft—scirrhus (chronic) and encephaloid (acute). It must always be remembered that the scirrhus cancer begins in the submucous

tissue, and that therefore there is no show of blood or mucus for a long time. These symptoms cannot occur till ulceration of the mucous lining of the rectum has taken place, and unfortunately then the cancer has so far advanced that operation is useless. From this one lesson may be learned: there is no affection of the rectum causing pain or even uneasiness which does not call for a prompt and thorough digital examination. The cancer caught in the beginning may be excised, but once tissue degeneration has advanced to any extent, operation offers as a rule but slight advantages.

Chicago.

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ALKALOMETRY, DISTINCT MEDICAL PROGRESS.

By S. C. Moore, M.D.



T goes without saying that every physician worthy of practising medicine at all, is desirous of using only the best methods and offering to his patients the most certain opportunity for recovery from the maladies which have necessitated his services. From the leech and lancet to the present use of osmosis and veratrine a far cry, as far as improvement is concerned; and from the crude dose of Epsom salts or the ghastly electuary to the modern effervescent saline laxative and granule of the active principles, is still more remarkable an advance.

And yet while the profession at large marches along towards the acme of therapeutic perfection, there are some men who salve their conscience or pander to their laziness by saying: "What I was taught to do years ago is good enough for me;" and that because they were taught something that was

the best the knowledge of those times afforded, they refuse to profit—or allow sufferers to profit—by the things that mankind has learned in modern times. Yet these self-same men ride on the express, send a telephone message to some distant patient, and thank Providence that science has made it possible to give instructions at a distance without turning out in the cold; and, moreover would if they were ill go to the city "to obtain the most advanced treatment."

My object in preparing this paper is to call attention to the great advantage the practitioner—specially he of the country—gains from the use of the active principles in treating the sick. Alkalometry has, since its introduction from Belgium a few years ago, taken a firm hold on the American profession, and to-day it is safe to calculate that over 50,000 men use the alkaloids to a great extent in their practice. And if

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by the Western Leather Manufacturing Co. of Chicago—one of the largest medicine-case manufacturers in the world. Their ad is al-

ways to be found in the CLINIC and their goods are always to be depended upon. Any man is a good friend to the medical profession that

one gives to the subject the same thought that he would give to the buying of an improved instrument even, he will be compelled to own that this is the greatest advance in therapeutic methods yet seen.

Once having acknowledged this much, the man who fails to adopt the method is remiss in his duty towards his people and himself. That the best is none too good for the sick, is an old and true saying; and that the better the thing is the more it is suited to the doctor in use, is equally true if not so old an aphorism.

There are men who say when asked why they do not practice Alkalometry, that they have not the time to learn this new thing. Then they must either totally misunderstand the method or else be wilfully unwilling to take even the least trouble to "retain the first rank." There is no trouble to speak of in learning the use of the active principles. The same use that you would put ipecac or digitalis to, is served by emetin and digitalin. If you would use the tincture of aconite or the fluid extract of ergot, you merely give aconitine or ergotin—but in the latter instance you give the drug with the full knowledge that the effect you desire will follow, and the dosage is absolutely correct to a fraction.

That this is not the case when we use the fluid preparations you all know. The products of different makers vary in strength, and the products of the same house as a matter of fact cannot always be said to give the same therapeutic results. Age and evaporation have to be counted; and the original drug in its natural state may have continued either more or less of the princi-

ple which gives it its use in medicine, according to where it grew, or whether the sun shone on it or trees shaded it. If from the leaves, root, rhizome, seed or bark, there is extracted whatever substance it is that makes that plant a valuable member of the materia medica, and if then that alkaloid, resin or concentration is divided into mathematically exact doses and then these doses are offered to the doctor in the shape of granules or tablets, which please the eye and do not offend the nose or taste, who can say that the method of Alkalometry is not an improvement upon all prior conditions?

It is not my intention to attempt to tell the results that follow the use of these alkaloidal granules in the practices of those who use them. If I were to attempt this I should have to talk for a month, but I do wish to ask those who have not yet given their patients the chance that only lies in the use of the best and the most exact medication, to try this method without any prejudice and be guided as to the future by the clinical results.

That the initial step may be made with intelligence I will point out a few of the principles which govern the use of these potent remedies:

The first and most important thing probably is the giving of "dose enough." That is to say, give enough doses to attain the result you set out to get. As an instance: You have a case of fever of sthenic type; you will give gr. 1-134 of aconitine and the same of veratrine every hour or two hours till the fever falls. In very severe cases and when the patient is an adult, give the dose named every fifteen or thirty minutes for several doses, and as the effect is attained

introduces a good preparation, tells the truth about it and keeps it up to a good standard. Mr. Hagee of the Katharmon Chemical Co.,

St. Louis, Mo., is one of its good friends. I don't know a thing about Bromin-Iodin Compound which hails from Binghamton,

lengthen the intervals, till at last you are giving the small dose only often enough to retain the ground gained.

A very simple rule allows the use of the most powerful remedies in pediatrics and with perfect safety: For each year of the child's age you allow one granule and "one for the glass;" put these into a tumbler and add twenty-four teaspoonfuls of water; of this solution give the child a teaspoonful every half or one hour as the circumstances warrant. In fact, instead of using a solution made from a tincture bought from a drug store and of the strength or activity of which you and the druggist are equally ignorant, you use yourself a given amount of the active principle which, if present, would make the tincture a medicine.

Then, too, there is no lost time. In many diseases the doctor who comes to the battle armed only with a pencil and prescription is beaten already before he begins. Far better to have your own case with you, stocked with a selection of the active principles, and be able to there and then dispense such remedies in the pure form as may be called for. The method is so vast an advance over any other, that it seems hardly possible that any man who knew of it would use anything else.

Alkalometry is responsible too for another advance in therapy—the clearing out and keeping aseptic of the entire alimentary tract. Just as long as the system is smothered in its own *materies morbi*, just as long will there be sickness, and that we may cure the latter we must see to it that the sewers are flushed. This is thereby and speedily accomplished by the use of small and repeated doses of calomel—sometimes

with the addition of podophyllin—followed in six hours with magnesium sulphate in the effervescent form.

In conclusion let me say that there is also an economic feature in this method which should have its weight with the ordinary practitioner. Taken as a general run the alkaloids in granule form cost about ten cents a hundred. A few are more expensive, and a few may be bought in quantities even less; but there can be no question that in no other way can the same therapeutic results be obtained with such a small outlay. There is scarcely a disease of modern times that cannot be treated almost entirely with the active principles and every day more and more remedies are being isolated and offered for use. Within ten years the man who does not use the alkaloids by preference will, be in the lurch, and the best thing we can do is to get into the front row by learning to use them now.

The only other important point I can think of as being necessary to make this advice complete, is to warn the doctor to see to it that the alkaloids he uses are prepared by someone who knows how, and is not in the business "for revenue only." The life of a patient is too precious a stake to have any uncertainty about the activity of the remedies we use, and it is well therefore to obtain the product of only a well-known and reliable concern.

In starting, the beginner should lay in a supply of the drugs he is most accustomed to, using in the galenic form, and then day by day he should accustom himself to the use of the single principle. As familiarity comes, he can add to his list until at last he will find that from

New York, excepting this: They increase their advertising space, they pay their bills promptly, nobody kicks and on the other hand what is

said of them is good. Hayden's Viburnum Compound is as old as the hills (some hills) but its therapeutic standing is as firm as the

his handcase weighing only a pound or two he can procure the remedy for any and all the diseases he may meet in a day's work.

And the results? Well, if you will make the diagnosis and exhibit the remedy that is indicated, you will find that the patient will have "a most phenomenally quick recovery." You may, it is

true, not be able to make as much money out of one case, but you will get a reputation for curing that will bring you many a case, that otherwise you would never have seen. That has been my experience, and the only thing I care to add is that I trust it may be yours as well.

Cadillac, Mich.

MEDICAL GYNECOLOGY.

By **Byron Robinson, B. S., M. D.**



HERE are two fields of gynecological practice, the surgical and the medical. These two fields are practically inseparable. In this paper I wish to present some views, an epitome of practice, on medical gynecology. Every art or science must

pass through its pioneer stage, its stage of development and final stage of cultivation and perfection. Gynecology having been a specialty for over 50 years, it has passed its pioneer stage. It has rapidly developed and is now in the stage of cultivation. The time has now arrived for the gynecologist to assume his second sober thought. The slaughter of the genitals or the sweeping removal of organs is a backward step in gynecology. The time has come for treatment and conservatism. The surgical and medical gynecologist must be one and the same individual, gynecology cannot be divided. The gynecological specialist alone must be the last authority and judge as to diagnosis and prognosis.

From the gynecologist must be expected gynecologic discoveries and prognosis. The early conquests and victories of the gynecologists were imposed on the public mainly as surgical. However, there are more victories and laurels in medical gynecology in lessening suffering and prolonging life.

First and foremost in gynecology is the diagnosis, because on this rests the prognosis and treatment. The student of gynecology must understand the elements of anatomy (structure), physiology (function) and pathology (disease). These are the bases of reasoning in gynecology. Besides he must examine patients and share in the treatment. With the present methods of graduation of medical students little hope can be entertained of practical perfection in diagnosis. Two years ago I made an inquiry among the recent graduates of three of the largest medical schools of Chicago. The result was that the average highest number of gynecologic patients examined by the graduates questioned was five. The majority had examined less than five. One graduate of the largest school said he had made two bimanual vaginal exam-

rocks of Adamant. What more can we say? You can't run an engine without power. You can't get the best out of the human body with-

out proper nourishment. When it wavers and refuses to burn ordinary fuel, then try Bovinine regular diet slowly and carefully.

inations, one on a woman who had experienced hysterectomy and one other on a patient 54 years old. With such gynecologic training only empirical and dangerous practice may be expected. The object of a gynecologic diagnosis is to establish the condition of the genital tract and its relation to other visceral tracts. It is of about as much importance to diagnose chronic constipation as it is myometritis, for the health of one visceral tract depends much on the health of all other visceral tracts. One disordered visceral tract will sooner or later disorder other visceral tracts. Hence gynecologic diagnosis must include the relation of the genital tract to other visceral tracts and the treatment must be directed to all disordered visceral tracts to be successful. In gynecologic diagnosis it may be remembered that 80 per cent of the genital tracts of adults are defective from non-development and from inflammatory processes—especially peritoneal adhesions. Hence it will require highest skill to prognosticate conditions of the tractus genitalis. It will frequently require the best judgment to decide whether the nervous system, digestive system or genital system are primarily at fault. Besides by careful treatment alone of the individual visceral tracts by gradual elimination will one finally decide which was the visceral tract first involved. The most difficult differential diagnosis in gynecology lies between the genital system and the nervous system. The unskillful and the knave are constantly mistaking genital disease for nervous disease with prospects of surgical intervention in view. The latest "triune" widespread fad is to remove the appendix to cure nervous, digestive

and genital disorders. Fortunately a few with bizarre designs are performing nephropexy to prevent and cure genital disease. They appear ignorantly or willfully to avoid investigations which would inform them that nephroptosis is but a part and parcel of general splanchnoptosis. About 70 per cent of multipara possess palpably mobile kidney hence the folly of operating without definitive and constant symptoms. What we need in this country for gynecologic diagnosis is the German method of individual student instruction in small classes. The college should adopt the plan of allowing teachers to establish a gynecologic course named after the teacher, admitting no more than 10 students, lasting a month, which should be continuous throughout the year. The differential diagnosis should be taught by exclusion, by the natural history of the genital tract, by case taking. The use of all instruments should be practised, especially the use of the microscope on genital bacteriology, genital secretion and on mounted sections of tissue to forecast malignancy. The student should observe that woman becomes ill mainly during genital functions—pubertas, menstruation, labor, abortion, climacterium. This method would place before the mind of the student actual gynecologic practice in contact with the patient. It would teach him that diagnosis is the all-important matter in gynecology—that medical and surgical treatment rests on the diagnosis. Thorough gynecologic training would aid in checking the excessive, senseless and abusive irresponsible operating of amateurs. Note the useless and dangerous stumbling block in gynecology, Alexander and hysteropexy. What



Billings, Clapp & Co., of Boston, did a good thing when they called the attention of the medical profession to a certain preparation

of iodine and lime, but they did a bad thing when they called it "iodide of lime" and they ought to reform. The preparation is all right.

gynecologists could agree as to the reliable symptoms that indicate in what subject Alexander, hysteropexy or nephropexy should be performed and yet how wide spread are these unreasonable fads. In the diagnosis in gynecology one must discriminate the benign and malignant disease in order to be of utility to the patient. It may be useful to remember that bilateral gynecologic bacterial infection is generally gonorrheal with an unfavorable prognosis—not as to life but as to health on account of recurrence.

GYNECOLOGIC TREATMENT.

The medical treatment of gynecologic disease offers vastly wider fields of usefulness in lessening suffering and prolonging life than the surgical. In gynecologic treatment the remedies are numerous and the field is large. I shall here present some of the reliable and systematic means in gynecologic treatment. The medical treatment of gynecologic cases falls under various general heads, viz., 1, Rest, anatomic and physiologic; 2, Visceral drainage; 3, Vaginal douche; 4, Massage; 5, Diet; 6, Vaginal tampon; 7, Exercise; 8, Electricity.

1. Anatomic and Physiologic Rest.—Anatomic rest is quietude of bones and muscles. Physiologic rest is abstaining from food and fluids. Few can realize except by actual systematic practice through a decade the vast improvement in gynecologic disease, especially acute, that arises from anatomic and physiologic rest. Anatomic rest is abstaining from voluntary muscular movements. Anatomic rest is when the bony system and voluntary muscles are quiet in a minimum state of action. The tractus lymphaticus (especially the peri-

toneum) which depends much on voluntary muscular activity for its peristalsis is resting. In short not only the bones and muscles but any visceral tract is placed in a resting, retiring, subdued action, by anatomic rest. Physiologic rest is where every visceral tract is performing a minimum labor. They are hibernating, sleeping, physiologic rest for the tractus intestinalis is where no food or fluids enter it to stimulate it to its functions as peristalsis, secretion and absorption. In this tract almost complete physiologic rest may be obtained which is invaluable in acute peritonitis as from the pelvis, appendix or gall-bladder regions. In physiologic rest no wild or disordered intestinal peristalsis exists, painfully disseminating sepsis to the different peritoneal regions. On account of the unique connection of the tractus genitalis and peritoneum (tractus lymphaticus) by the direct junction of mucosa and serosa, vast good arises from rest in inflammatory diseases of the tractus genitalis. A thorough knowledge of the functions of the genital tract is invaluable to the gynecologist in treatment. The functions of the tractus genitalis are, 1, ovulation; 2, secretion; 3, absorption; 4, peristalsis; 5, menstruation; 6, gestation. The chief value of physiologic rest of the tractus genitalis is concerned in peristalsis, rhythmical movements of uterus and oviducts as absorption and secretion largely depend on the degree of peristalsis and also vigorous oviducal peristalsis forces septic material into the pelvic peritoneum. By anatomic and physiologic rest large masses of acute peritoneal exudates will disappear in a few days, pain lessens and the patient receives a new lease-of-life. Anatomic and physiologic rest is the



"Bunker Hill, Why?" Well, ask the Ohio Truss Co., of Cincinnati. They are talking about scrotal supporters, tired feeling, etc.

The W. D. Allison Co., of Indianapolis, put out one of the nicest and most compact physicians' tables on the market. If you want

most practically pronounced in cases of infected abortion where it is the greatest and best of all remedies. The medical treatment of rest is vastly superior to operative procedures in acute pelvic inflammation and the opium splint is better than the traumatic cathartic, curette, or scalpel. Since I learned a dozen years ago from the greatest surgical genius of his age, Mr. Lawson Tait, the value of anatomic and physiologic rest in acute peritonitis both of pelvic and appendicular origin, I have saved far more patients by rest than I could by operations. Anatomic and physiologic rest in peritonitis though practised with eminent success 20 years ago by Mr. Lawson Tait, is still very slowly adopted by the medical profession. Anatomic and physiologic rest aided by opium will be the future practice in acute pelvic peritonitis rather than cathartics, the curette and scalpel. Anatomic and physiologic rest in acute pelvic peritonitis (as well as peri-appendicular and peri-felleac) will be found to be the grand therapeutic bridge over which the patient may be transported for a final safe and successful operation if necessary.

2. Visceral Drainage.—The most important principle in regard to a wound is drainage. In medical treatment the most important principle is visceral drainage. The six great visceral drainage tracts of the body are the tractus intestinalis, urinaris, cutis, lymphaticus, genitalis and respiratorius. These visceral tracts are the sewers of the body and in times of strain or emergency one visceral tract may act vicariously for the other. The vicarious action of one visceral tract may induce a needed physiologic rest for another. The tractus intestinalis may act for the

tractus urinaris in nephritis, eliminating the fluids and urea, while in constipation the tractus urinaris may vicariously relieve the tractus intestinalis of its debris, eliminating darkly colored urine loaded with waste products from the tractus intestinalis. The tractus perspiratorius (cutis) especially in hot weather when the blood dwells near the body surface relieves both tractus intestinalis and tractus urinaris. The drainage of visceral tracts washes internal tissues, relieves the body of waste laden products, increases the pulse volume and elevates bodily functions to a maximum, especially feelings, appetite and sleep. The method I employ to drain the visceral tracts is to administer 8 ounces of hot half normal salt solution every 2 hours for six times daily and at the same time administer on the tongue a part or whole of an aloe-alkaline tablet, which should be continued for many weeks. I have made sodium chloride tablets (flavored) containing 12 grains and one placed in a glassful of water (which is 8 oz.) makes half normal salt solution. I also have made an aloe-alkaline laxative tablet containing: Aloes socotrine gr. $\frac{1}{3}$, cascara sagrada gr. $\frac{1}{4}$ Na. H. CO₃ gr. 1, K. H. CO₃ gr. $\frac{1}{3}$, Mg. SO₄ gr. 2. These remedies used as above described I have found the most effective of visceral drains or eliminants. It is a good plan for food and change to substitute a glassful of buttermilk for the fluid in the half normal salt solution in the middle of the forenoon, middle of the afternoon and at bedtime. This method insures daily movements from the tractus intestinalis. It also increases the amount and clarifies the urine. Daily salt rubs increases the drain of the tractus perspiratorius, and is especially useful in stimulating the



that kind in our opinion that's what you want. If you want a chair there are lots of good ones, a dozen more or less, made by manufacturers

whose ad will be found in this issue of the CLINIC. Our old friends, the Antiphlogistine Co., are getting right down to business, and

vast periphery of the tractus nervosa. Visceral drainage is one of the most useful remedies in gynecologic disease. It cures constipation and placing the tractus urinarius, tractus lymphaticus and tractus perspiratorius at maximum action, most effectually relieves the patient of headaches, of oppressed feelings, of lack of energy, of waste laden blood. It restores energy, ambition and usefulness, appetite increases and sleep, nature's sweet restorer, becomes dreamless, and the sleeve of care becomes unraveled.

3. The Vaginal Douche.—A vaginal douche, given according to the following directions, will prove to be of much therapeutic value in the treatment of pelvic disease, an agent to prevent disease, and a great comfort to the patient.

1. Use a fountain syringe which will hold fourteen quarts, with four-foot head. The simplest syringe is the fourteen-quart wooden pail, an ordinary candy or tobacco pail, with a four-foot rubber hose. 2. Begin with four quarts, with those accustomed to it, and two quarts with those not accustomed to its use, at 105° F. 3. Increase the heat daily until it is as hot as can be borne (110 to 120). 4. Increase the quantity one pint at each sitting, until fourteen quarts are taken. 5. As to time use the douche in the morning and in the evening immediately before retiring. After the morning douche the patient should rest horizontally for three-quarters of an hour. 6. The duration required to take each gallon of the douche should be eight to ten minutes; for fourteen quarts, thirty minutes. 7. As to position the patient should be on the back. 8. As to method of taking the douche, the patient should lie on a sufficiently inclined plane to allow the returning fluid to drain into

a large vessel (pail, pan). The ironing-board, wash-tub or board resting on the bath-tub serves convenient purposes. The douche should not be taken in the bed, standing or sitting posture, as on the water-closet. 9. As to ingredients a handful of salt (Na. cl.) and a teaspoonful of alum may be added to each gallon, the salt to dissolve the mucus and pus, and to be an antiseptic also, to prevent reaction, while the alum is to astringe, check waste secretions and harden tissue. 10. The vaginal tube used in giving the douche should be sterilized, boiled, and every patient should possess her own vaginal tube. The best vaginal tube is the fluted, largest that can be conveniently used, or the one that most distends the vaginal fornices so that the hot fluid will bathe the greatest surface area of the proximal or upper end of the vagina. 11. The utility of a vaginal douche is: (a), it contracts tissues (muscle, elastic and connective); (b), it contracts vessels (lymphatics, veins and arteries); (c), it absorbs exudates; (d), it checks secretions; (e), it stimulates; (f), it relieves pain; (g), it cleanses; (h), it checks hemorrhage; (i), it curtails inflammation; (j), it drains the tractus genitalis. The utility of a douche depends on the quantity of fluid, the degree of temperature, its composition, the position in taking it, and on systematic methods of use. 12. Disinfectants in a vaginal douche are secondary in value to solvents of mucus, pus, leucocytes. 13. The objects to accomplish by a douche are: (a), the dissolving of the elements in the discharge, as mucus, pus, blood clots, leucocytes; (b) the mechanical removal of morbid secretions, accumulations and foreign bodies; (c), antiseptics; (d), for diagnosis. 14. The require-



let us predict that they will live a long time and wax mighty after their imitators are lost sight of. Their ad in this issue is a model

of business sagacity. The old way and the new is well demonstrated by the ad of the Searle & Hereth Co., of Chicago, but they

ments of a douche: (a), It should be non-irritating; (b), it should be a clear solution; (c), it should possess solvent powers of pus, and especially mucus; (d), it should be continued for months; (e), omit the douche for four days during the menses.

4. Diet.—The diet of patients is of great value in regard to regulation of function and restoration of health. Patients seldom know what kind of food is useful to them. The action of the great dietary list as flesh, vegetables, cereals or fruits should be explained. Meats especially should be limited as well as fruits. The best diet is cereals and vegetables which leave a substantial intestinal residue which stimulates the muscularis of the tractus intestinalis to peristalsis, insuring daily intestinal evacuation. Meals and evacuations should be made habitually regular at stated hours.

5. Massage.—I have found that pelvic massage is an exceedingly valuable agent in inflammatory diseases of the pelvis. Until I had carefully practised it for some years, I did not realize how much I could do in cases of pelvic peritoneal exudates, myometritis and myosalpingitis. One can hasten the absorption of pelvic exudates to a marked degree, and

in relieving chronic myometritis and salpingitis, incite genital development and restore normal genital circulation by gradually applied massage.

I massage the genitals 2 to 5 minutes twice weekly.

6. The Vaginal Tampon is hygroscopic. It acts similarly to the douche and is a valuable adjunct to it. It should be applied 3 times weekly, filling the vaginal fornices. It should remain *in situ* 8 hours. It is made by placing medicated cotton for 24 hours in 8 ounces of glycerin and 1 ounce of boracic acid.

7. Exercise.—Gymnastics active and passive are invaluable remedies in gynecology, but are difficult of application in the majority of cases. The physician must endeavor to teach the patient systematic exercise in the open air.

8. Electricity is a remedy of limited value in gynecologic disease and has done perhaps as much harm as good. It is applicable as an intra-uterine remedy, in rare, selected cases, especially in the types of dysmenorrhea in young girls with defectively developed uterus and in myometritis atrophica.

Chicago, Ill.

THE PLAGUES OF THE EAST.

By W. S. Stranahan.



HOLERA and the plague carry off hundreds of thousands of victims in India and the East, while the rest of the civilized word is continually menaced by the possibility of being stricken by the same scourges.

When there is an epidemic the victims number two to five millions, and scarcely

more than three years pass without an epidemic.

Now, all this destruction of human life is due chiefly to the religious pilgrimage which people of the East go upon annually.

These people, dirty and ill nourished gather in certain sacred spots. A certain number of them being infected

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ought to send us a new cut. Triticum is all right, but their ad—well, we hope it pulls. One of the CLINIC's dearest friends was Dr.

McIntosh, originator of the McIntosh Battery. McIntosh Supporter, etc. Although the good Doctor has passed beyond we are proud to

with cholera or the plague, they communicate it to the others, and those who do not die carry the germs all over Asia.

Now the question is: Shall the Mohammedan pilgrimages to Mecca and Medina and the Hindu pilgrimages to the Ganges be suppressed?

England is chiefly interested in the matter. For several years doctors have been strongly urging the British government to begin to deal with the question, which is one of tremendous danger and difficulty.

Two of England's greatest possessions are devastated by this evil—India and Egypt. Egypt has just passed through a terrible epidemic of cholera, which has completely ruined the winter resort season.

Cholera stalked through the land of the Pharaohs, and in forty-five days took a death toll of over thirty thousand souls.

The form taken by the disease has been the most virulent one known to science—the dread cholera asphyxia. It is practically sudden death. Cholera morbus gives its victims not less than four hours' notice. Cholera asphyxia does not give a man time to say his prayers. The consequence has been that the vast bulk of the deaths have been presented in the mortality returns as, "found dead." The proportion of deaths has been over 90 per cent of those attacked.

The action of this sort of cholera is short, sharp and decisive with natives of low vitality as are the fellahin of Egypt. It gives a white man more chance.

The late outbreak came from a village called Moncha, in Upper Egypt, and was brought in by a family of that place,

who, in returning from the Mecca pilgrimage, managed to evade the government quarantine station at El Tor (Sinai). The village is an isolated one, and the local headmen hid the news of the visitation till many scores were dead and some two or three hundred had fled.

To show the virulence of this form of cholera, the following cases may be cited: Two funerals of cholera victims passed in the street. A group of country folk gathered around, as the cortege paused at a bridge. Twenty minutes later two laborers, who had been among the onlookers, were dead, and others among their number were suffering.

Aly Bey Abdullah, a notable of Ghizeh, his wife and seven grown-up children, died in one night. Each one had eaten of watermelon.

Every year the faithful Mohammedans of Egypt and other countries start out on a pilgrimage to the holy cities of Mecca and Medina. Mohammed was born in the first city, and is buried in the second. The pilgrimages last from December to March.

The two holy cities are in Arabia, which is now in the domains of the Sultan of Turkey, but is semi-independent. Infidels are absolutely excluded from this land on pain of death. Two or three Christians may have reached there secretly. The only well authenticated case is that of the famous Sir Richard Burton, who was able to pass himself off as an Arab with the natives. Cairo, the Egyptian metropolis, is one of the principal Mohammedan cities of the world. Here a great carpet called "The Kiswa" is manufactured every year to cover the tomb of Mohammed. This, of course, is carried to Medina, when the pilgrimage goes. The last year's carpet

carry the advertising of the business which he so ably established. "Od" isn't it, but Sanmetto is all right. Our New York friends,

The Od Chemical Co. don't say much about it, but they keep everlastingly at it and that means success. A famous chauffeur was once

is taken off, cut up into small pieces and sold at large prices among the faithful.

The original carpet after its journey to Mecca may bring back many germs of cholera, but it is after its division into small pieces that it becomes the greatest source of infection. These pieces of carpet are carried year after year to the sacred cities and become soaked with all kinds of germs and dirt.

The Kiswa is part of the yearly tribute paid by the Khedive of Egypt to the Sultan of Turkey, for, although actually in British possession, Egypt is still nominally a dependency of the Sultan. The Kiswa is a wonderful piece of embroidery in eight pieces, two to cover each side of the shrine, with a broad band to mark the place of juncture. It is worked in resplendent Arabic characters and this work is hereditary in a certain family. No profane eye is supposed ever to look upon the Kiswa. Mr. Pierpont Morgan has been unable to obtain a specimen. It is enclosed in a curious wooden box with a high-pointed roof covered with costly stuffs, while

silver and gold ornaments gleam from the four pinnacles at the corners. An escort of soldiers drilled by British officers is sent along to protect the carpet. It starts from the citadel of Cairo with a long procession. People fight for a chance to touch it. The procession stops at Hajjis Lake, ten miles from Cairo. Next day the coverings are taken off the Mahmal so that they may be kept bright until Mecca is reached. The great case is put on board a steamship at the head of the Red Sea and conveyed to Jeddah which is the port of Mecca.

The P. and O. and other European steamships that run to Eastern ports arrive here loaded with pilgrims, rich pashas in the saloon and poor Moham-medans crowded closer than cattle in the steerage.

Jeddah is consequently the greatest place in the world for dissemination of cholera and plague. Ships from this port are generally subjected to the severest examinations, but these are often escaped by false misrepresentations.

Chicago, Ill.

APOMORPHINE (ARTIFICIAL ALK.)

By John M. Shaller, M.D.

Standard granule—Gr. 1-67, gm. .001.

Dose—As an emetic, six to eight granules hypodermically, or twice the number by mouth; or tablets representing 1-15 to 1-5 grain may be employed. As an expectorant, two, three or four every half to one hour.

“Dose recommended by Coley—Adults 1-15—1-5 grain.

“For children under 18 months—1-50 grain.

“Two years old—1-40 grain; three years—1-35 grain; five years—1-30 grain; 8 years—1-25 grain.

“One-fifth grain should not be surpassed in any case when given hypodermically.”

Apomorphine is an “artificial alkaloid,” prepared by heating in a glass tube one part of morphine and twenty parts of pure hydrochloric acid. The product is subject to several purifying processes and is finally crystallized as apomorphine

asked his opinion as to what machine to buy. He said: “Save up your money and buy a hoss.” That must have been an “off-day”

with him. Nobody ever says that that drives an Oldsmobile. The physicians of America are going to use thousands and thousands of auto

hydrochlorate. It contains none of the anodyne properties of morphine.

Apomorphine is prepared in granules which contain gr. 1-67, gm. .001. Its properties are those of an emetic, expectorant and relaxant.

Physiologic Action: "The physiologic action of apomorphine as an emetic may be gathered from its symptomatology, which is as follows: The administration of 1-10 grain hypodermically is followed in scarcely one-half minute by fullness of the head, the pulse is quickened and increased in volume; the pupils slowly dilate; the face is flushed. Perspiration soon appears; the respirations become more frequent and the heart-beats more rapid and before two minutes elapse emesis is produced. Then comes the reaction, a general relaxation lasting about an hour. The eyes are sunken, the pupils are widely dilated and the face is pallid and drawn. Yawning inaugurates the period of recovery; sleep follows and upon awakening all effects have passed away."—W. D. Carter.

Very little nausea accompanies the emesis and the stomach evacuates its contents in two or three efforts. Except in cases in which patients manifest marked susceptibility to the action of apomorphine, depression does not usually follow its administration.

In an adult suffering from bronchitis death was produced by the hypodermic injection of 1-15 of a grain of apomorphine. This amount is considered to be a safe dose and it would not prove fatal except in cases of debility or in those persons who possess an idiosyncrasy against its use.

In spite of the fact that apomorphine has produced serious results in several cases, it is still regarded, when injected

subcutaneously, as a gentle, safe and rapidly acting emetic.

This remedy does not produce emesis as does sulphate of zinc or sulphate of copper, by irritating the mucous membrane of the stomach, but by its action upon the spinal nerve-centers.

"That its operation does not result from elimination through the gastric mucous membrane is proved by the fact that intravenous injection is followed by vomiting, in animals whose aortæ have been previously ligated, so that no apomorphine could be conveyed to the stomach."—(Nichols.)

This remedy should be given, therefore, when an emetic is indicated in inflammatory diseases of the stomach. Apomorphine is chiefly used, however, in cases of poisoning, especially when narcotics have been taken in lethal doses and coma has been produced.

The inability to swallow, because of the coma, calls for some rapidly acting and effective emetic which can be given hypodermically. This remedy is also of great value when suicide has been attempted by taking poison and the person refuses to take an antidote.

If the hypodermic use of apomorphine were solely confined to the treatment of cases of poisoning, alarming symptoms and death would rarely result from its use. But when it is given in cases of capillary bronchitis, which generally occur in infants and in the aged, a class of patients usually unable to offer much resistance, great depression and collapse may be expected in feeble patients. In capillary bronchitis the internal administration of apomorphine, combined with various other remedies, as caffeine and strychnine, is not only more efficacious



cars, are using some of them now and the one that does the most business for the least money and does it dependably, will carry the

Doctor. When the Doctor starts he has got to get there. Few people are more often mentioned in our review columns than Lea Broth-

than the hypodermic use but freer from harmful results.

When apomorphine is given hypodermically, from one-fifteenth to one-fifth of a grain is the usual dose, which may be repeated at the end of twenty minutes if no effect has been produced. It is always advisable to have at hand a few tablets of apomorphine for hypodermic use in cases of poisoning. Those physicians who practice in places where medicines are not quickly obtained and where stomach-pumps are rare, should be particularly careful to be provided in this way.

ANTIDOTE FOR STRYCHNINE POISONING.

J. S. Horsely reports a case of strychnine poisoning, in which doses of about 1-12 of a grain of apomorphine not only controlled the convulsions but eventually cured the case. The same gentleman reports cases of spasms in children which were also cured by injections of apomorphine.

In hysterical crisis or boisterous drunkenness, when mental or muscular exaltation or excitement exists, where relaxation of either brain or muscle activity is desired, 1-10 gr. usually brings about the desired results. Repeat the dose in one-half hour if necessary.

Not only is apomorphine an efficient emetic but it also proved to be an excellent expectorant. When administered in small doses, frequently repeated, it increases the secretions of the mucous membrane of the entire respiratory tract. This remedy is indicated, therefore, in all cases in which the cough is dry or the sputum is tough. It is of especial value in two dreaded diseases, in acute laryngitis and in capillary bronchitis. The writer had never found a satisfactory

remedy in the treatment of this latter disease until he began to use apomorphine; since which time he no longer dreads to meet this formidable enemy. Success in the treatment of capillary bronchitis depends upon the frequent administration of small doses of apomorphine, together with strychnine, throughout the course of the disease. Large doses are not recommended. Strychnine is given to stimulate the vital functions and to prevent paralysis.

The danger in capillary bronchitis is carbonic acid gas poisoning, followed by paralysis. By the early use of strychnine the nerve-centers of respiration and of cardiac movement are stimulated, so as to resist, for time at least, carbonic acid poisoning.

Meanwhile apomorphine, which has also been given in conjunction with strychnine, causes a bronchial secretion to be formed, that not only loosens the plugs of tenacious material which are occluding the bronchioles, but by the exudation of this thin secretion depletes the swollen mucous membrane. The obstruction is removed and again air passes freely into the alveoli; this permits oxidation of hemoglobin and elimination of carbonic acid gas.

Strychnine also aids the expectorant quality of apomorphine by increasing the irritability and contractility of those muscles which have as a part of their function the expulsion of mucus; and it also improves the tone of the entire muscular system. The more debilitated the patient, whether infantile or aged, the more urgent is the demand for strychnine.

It is absolutely wrong to wait before administering strychnine until symptoms of paralysis appear, as manifested by the

ers & Co., of New York, one of the oldest and most reliable medical-book publishing firms in the world. Numerous new books will

be found mentioned in this issue. A little medicine rightly placed is a good thing. The fact that Micajah & Co., of Warren, Pa., have

abdominal muscles, at their attachment to the costal cartilages, being drawn in during each inspiration. It is our duty to determine, if possible, the dangerous tendencies of every disease, and, by the administration of properly selected remedies, to strive to prevent them.

To wait until dangerous symptoms appear is an irreparable loss of valuable time. Experience should teach us that certain tendencies are likely to occur during the course of certain diseases. It seems reasonable that, if we fortify the patient properly against these harmful tendencies, they must be only slightly injurious or may be completely averted.

Not only in capillary bronchitis but in the bronchitis of the larger tubes, apomorphine is a valuable remedy. It may be given even to debilitated phthisical patients. If a stimulating action is required, monobromated camphor may be given in conjunction with apomorphine; if an anodyne action is required to relieve painful and harassing cough, codeine and apomorphine make an excellent combination.

In the treatment of croup, apomorphine is an excellent remedy. The dry, harsh cough and the accompanying dyspnea are relieved without the necessity of producing nausea or vomiting. As suggested by Dr. Abbott, apomorphine, hyoscyamine and strychnine form an excellent combination, from which good results may be obtained.

Formerly, when urgent symptoms were manifested in croup, turpeth mineral was the sheet anchor of the physician. Now, apomorphine in small doses, repeated every fifteen minutes, brings relief gradually, surely and harmlessly. Can we say as much of turpeth mineral?

To illustrate the efficacy of apomorphine, the following case of croup is given. The patient was a boy of five years. Besides the constant croupy cough, there were marked dyspnea and restlessness, the pulse was 160, the temperature was 103 degrees and the respirations were 58. The treatment was as follows:

Thirty-six granules of apomorphine and six granules of Dosimetric Trinity No. 1, were dissolved in twenty-four teaspoonfuls of water. Of this mixture, one teaspoonful was ordered to be given every fifteen minutes until the breathing became easier, after which the same amount was to be given every half-hour. The patient was seen again six hours later, and was found to be in the following condition: The temperature was 100 degrees, the pulse was 150 and stronger than before, the respirations were 42. The medicine was ordered to be given every hour. Improvement continued, and within a few days the patient was well. In another severe case of laryngitis, which occurred during an attack of measles, in the case of a boy of seven years, intubation was thought necessary, but postponed, and apomorphine, in doses of gr. 1-48, was given every fifteen minutes. Improvement began after several doses had been given, the cough grew looser, the breathing became easier and remained so during the continuance of the measles.

When apomorphine is indicated in inflammatory diseases of the bronchi and fever is present, aconitine should always be given in combination with it. If cough is troublesome and is not reduced by the increased flow of mucus, codeine or hyoscyamine may be given with apomorphine.



many imitators, some even seeking for public favor who have stolen their ideas from the original laboratory, is an evidence that their

Uterine Wafers are not without at least some of the merits claimed for them. Doctor, if your table doesn't receive the *Journal of the*

When a solution of apomorphine is first made it is perfectly clear; after awhile, however, it becomes green from oxidation, but this does not interfere with its excellent expectorant qualities. In all diseases of the respiratory tract, where ipecacuanha or its active principle, emetin, is indicated, this remedy may be used with better results and without dangerous consequences.

The dose of apomorphine, as an expectorant, for adults, is three or four granules every half-hour or every hour.

A child of six years old readily bears one granule, so that in preparing a solution, twenty-four granules may be dissolved in twenty-four teaspoonfuls of water.

For children four to six years, dissolve 32 granules in twenty-four teaspoonfuls of water.

For a child of two years, dissolve 24 granules in twenty-four teaspoonfuls of water.

For a child of one year, dissolve 20

granules in twenty-four teaspoonfuls of water.

An infant may be given one-half teaspoonful of the solution prepared for the one-year-old child. If improvement does not follow within three to five hours the dose in each case should be increased.

PRECAUTIONS.

As apomorphine is depressing in its action, the same rule should guide its administration as naturally guides the administration of all remedies of its class. Great caution should be exercised when giving it to feeble patients. In fact, better not give it at all where great feebleness is manifested, in capillary bronchitis of the very young or aged.

In cases of apomorphine poisoning, the best antidote is large doses of strychnine, hypodermically given, in adults from 1-15 to 1-20 of a grain; or 5 grains of caffeine citrate, hypodermically; or large quantities of hot coffee internally, together with the application of external heat.

Denver, Colo.

THE MICROBE: RESULT, NOT CAUSE OF DISEASE.

By E. V. Pennington, M.D.



E. V. Pennington, M.D.

IN the July CLINIC I had an article on pneumonia, and in that paper expressed my opinion that the disease was not caused by the pneumococcus; and in fact expressed a disbelief in the "germ theory" as being the cause of disease. In so doing I know I tread on

sacred ground and touched a string that discords with the views of a large number of the profession, and perhaps with the opinion of a whole lot who are eminent in the ranks of medical literature, including our worthy editor for whose opinion I have great respect.

In a footnote the editor asked me some very pertinent questions in regard to the germ theory being the result, rather than the cause of disease. Difference of opinion makes us penetrate a subject deeper and enables us to get nearer to the truth.

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American Medical Association every week, you owe it to that grand organization to have it there and to yourself not to deny yourself

the world of information the *Journal* contains. There are two kinds of "oil business," legitimate and illegitimate. The kind that the Doc-

What I shall say is with due respect for the opinion of others who may not see as I do. In that article I made the assertion that a man who would try to kill a pneumococcus or tubercle bacillus would shoot a buzzard or rob a bird's nest. This is a rather bold remark to those who pin their faith to their skill in hunting a gun that will shoot, and kill the microbes that they think made the patient sick. While they may disbelieve it, they may be benefited by the investigations it will cause them to make.

We should all think for ourselves. We are too ready to believe what some pathologist or some big man says, without further investigation.

The microscope reveals the presence of bacteria in the sputum of a patient suffering from pneumonia. There is no question about that. The bone of contention is: Did that microbe go into the lung, attack healthy tissue, devour it, make nests in there, breed millions of them and eat the man up? Or did the transgression of some of nature's laws make him sick, by setting up an inflammation of the lung, causing disintegration and death of tissue, which made it necessary for nature to send them in there as scavengers to consume the septic material as it does throughout all nature, to protect the healthy parts?

I will now take up the editor's questions one by one and attempt to answer them. First he asks: "Doctor, would you not try to kill maggots you find in a wound?" Certainly not. If I did I would have dead putrescent maggots, and the original decaying tissue both, to contend with. In the first place they would not get in a wound I was treating, at least they never have. I would not allow accumulations of decomposing

tissue to remain and force nature to send so filthy a thing as a maggot in there to clean out the wound for me. Should they be in a wound I was called to treat, I would cleanse the wound, render it thoroughly antiseptic and if necessary disinfect it. That would cut off their food-supply and they would leave just as quickly as they could wriggle out. When the war is over nature removes the army.

Next he asks: "Do blowflies lay eggs only in decaying meat or unhealthy wounds?" Yes, sir, the blowfly only lays eggs where there is decaying material. So soon as nature sounds the alarm by giving off an odor the fly hastens to the spot, for she knows there is prospect of food for her progeny. While the odor is repugnant to us, it is delicious to the fly. Nature is very wise in all of her provisions and every jot and tittle of her work is done for a purpose, a benefit.

She has prepared and constructed the teeth, digestive apparatus, and all the peculiarities of every animal and micro-organism specially adapted to a certain kind of food. Some are herbivorous, some carnivorous and some are both herbivorous and carnivorous. You can look at an animal's mouth and tell what kind of food he eats. The carnivora are divided into two classes; those that eat live flesh or healthy tissue, the small ones of which are called parasites; and those that eat dead and decaying flesh, and to this class belong the host of bacteria or microorganisms that the pathologist talks so much about, and tries to make a sensible (?) medical profession believe they crawl into live, healthy men and women and "eat them up," as would a pack of hungry wolves devour a lamb.



tor is asked to buy stock in is usually illegitimate. The oil business promoted by our friends, the Angier Chemical Co., Boston,

Mass., belongs to the other class. They will send you samples. That poor fellow in Tyree's ad, Washington, D. C., feels badly. Who can

Nature draws a line of demarcation between the habits of these different species, and well it does.

Buzzards do not catch chickens and hawks do not assemble at the scent of a dead carcass to devour it. So does the microbe eat the decaying tissue, for his teeth are not sufficient to devour living tissue, while the parasite family are supplied with a differently constructed mouth, and are thoroughly capable of subsisting upon the living. To this class belong the flea, the louse, the bedbug, mosquito, chigger, etc.

Show me a parasite, with his pantaloons rolled up to his knees, down in the muck and mire of a filthy wound, trying to make a living. Show me a bacillus climbing the hills and crossing the hollows of the exterior, trying to earn a subsistence upon a field he was not made to plow, and trying to bore through the stubborn tissues to a stream he doesn't want to drink from, with an auger he has not been provided with. When they reach the extent of their liberties nature says: No further shalt thou go. So when we study the habits of these animals and animalculi we will be inclined to disbelieve part of the rotten doctrine some of our brothers of the profession try to cram down us with their microscope; an instrument that has been a benefactor to the profession, but has to be classed as an astringent, which has very decidedly contracted the views of the extreme "Bugologist," who reasons no farther than what he can see through the lens of his instrument.

He further asks: "Don't worms hurt trees, or cutworms injure young plants?" Yes, sir, those belonging to the parasite family eat the living substance and those belonging to the microbe family eat the

dead part. The parasite eats a hole in a plant or tree, and the other little fellow comes along and bores the decay out of the part, to give nature a chance to make the repair, as does the dentist drill the decay out of the cavity of a tooth before filling, else the decayed substance would contaminate the healthy tissue and result in loss of the tooth. So does the surgeon remove the dead bone from the living, so as to assist nature in making the repair.

He says: "The germ theory harmonizes with biologic facts too closely to be cast aside on *a priori* reasoning." I can see a gap between them wide as the universe, broad as the chasm between life and death, right and wrong, truth and falsehood. Suppose nature had allowed the rain to descend upon the vegetables before it had been distilled, and the salt of the sea precipitated from it. It would result in death to the whole vegetable kingdom. Should nature's foot slip and allow just one shower of salt water it would upset the universe. We are virtually swimming in an ocean of microbes, and should nature forget herself and provide them with masticatory apparatus, traits suitable for devouring healthy tissue, what would become of the human race? In fact, of the whole animal kingdom?

If flies were allowed to blow a man who was good, healthy, nice and clean (inside and out), what would be the result? Imagine the doctors, lawyers, preachers, pathologists, bacteriologists, pharmacologists and editors, having to fight blowflies all their lives to prevent being devoured by maggots.

Gentlemen: The very idea of the microbic origin of diseases is ridiculous.

blame him? Hay-fever is "a corker." If Tyree's Antiseptic powder is as good for that as it is for other things that fellow should smile next

month. The name, "Schering & Glatz" of New York City is synonymous with stability. What they put out is good and they will tell you

They are physiologic microbes and not pathologic. I would like for this subject to be freely discussed in the journal. It is one of the cornerstones in the profession, and if not built on a firm foundation it can never stand. I know that in denying a doctrine so universally endorsed as the "bug" theory, I invite criticism from some of the most famous men and some of the slickest tongues and pens.

But let us investigate until we find the

truth. If I am wrong I want to know it, if the "bugologist" is wrong he should want to know it.

Mohawk, Tenn.

—:o:—

You cannot ask a man to prove a negative. The burden of proof rests with him who seeks to assault prevailing beliefs, and that is why error once enthroned is so hard to dislodge. But fire away; you will always find room for profitable discussion.—ED.

TEXAS.

By W. W. Herold, M.D.

ISEE in the February number of THE ALKALOIDAL CLINIC correspondence relative to the healthfulness of Florida climate. It is not my purpose to break into print, and I simply write you personally, that should the question ever come up again, you might be able to furnish suffering humanity with some information that might be of benefit to them. I speak from experience and observation. For a winter resort, I would recommend Texas, in and around San Antonio, for lung and throat troubles.

In 1898 my health broke down from neurasthenia; I tried Colorado, New Mexico and Texas, and the place I got the most relief from was at Corpus Christi, Texas. That is the most restful climate that I was ever in. It seemed to be very beneficial for asthma as well, and quite a number of people with bronchial trouble seem to do well there.

Some two years ago I got hold of a pamphlet from England, belonging to a doctor who was at that time living at

Boerne, Texas, in which he said he had traveled and tried a great many countries for tuberculosis, and in all his experience, there was a scope of country beginning at Brownsville, Texas, and if my memory serves me right, it extended for about 75 to 100 miles north and south, and from 150 to 200 miles west, taking in San Antonio, Boerne, Kerrville, and as far out as Fredericksburg. San Antonio's altitude is something like 600 feet, Boerne about 1,500 feet, Kerrville about 1,700 feet. He further stated that there were no diseases whatever belonging to this particular place, except what had been brought in there by people from the north and east. He had been there some years, was entirely restored to health, and bid fair for a long and useful life.

From October until spring each year, there are health-seekers who arrive at San Antonio, and this country that I have mentioned above, from 6,000 to 10,000 people. It is not an expensive place to live, but like everywhere else, you can

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all about it for the asking. As long as people over-eat, over-expose and over-do, rheumatism will be one of the banes of civilization,

and probably nobody has ever done more to supply the profession along the line of its so-called orthodox treatment than the Wm. S. Mer-

spend as much money as you wish. This Brownsville locality is said to be a very even temperature, rarely changes more than ten degrees at any season of the year. The average temperature is something near 60 to 65.

There is one man that has a sugar plantation, that he has had planted in cane for eight years, and I am told has never had it replanted or suffered any loss from frost whatever; and there are some men from Chicago and Texas that have bought up a large tract of land near Brownsville, and are going into raising rice. Labor is very cheap there, and they think they can raise rice and sugar there as cheap as they can in Cuba. The people are mostly Mexicans, and the medium of circulation is Mexican money.

For Bright's and kindred diseases there is no place superior to Mineral Wells, Texas. I also visited this place in 1900-'01, and saw some almost miraculous cures. If you ever have occasion to send anyone there, write and send them to Dr. C. F. Yeager. While I was there I saw a young lady brought from Galveston up there, and they thought she would die before they could get her to the hotel, and in less than three months she returned home, sound and well. There are many other similar cases. This is situated at the foot of the Palo Pinto Mountains, at an altitude of 1,456 feet; a very nice little town of some 3,000 people, and you can get accommodation from \$3.50 to \$6 per week. I enclose you herewith a circular that explains the properties of the water; and perhaps this particular well has quoted this to suit their individual case, but it will apply to all of them.

They have a system there of evaporating the water, something after the old-

fashioned style of making sorghum molasses. They have a row of large pans or vats arranged over a furnace, and they boil it in that and change it from one to the other, leaving the sediment in each pan until the last or fourth pan is reached. When that has been boiled so long, they let it stand and an oil is skimmed off, and used for various purposes. They mix it with cocoa butter and make a fine salve that is very healing; they also put it up as a liniment; and for gastritis and cramp colic, a teaspoonful every hour will relieve the most stubborn cases. The crystals that form in the bottom of these pans they grind up or pulverize, and it makes a splendid saline laxative. This condensed water, after the oil is removed, a teaspoonful of it in a glass of water makes a good laxative, so you see it is a most wonderful thing. I think, however, that there is a firm in Chicago that has a well there and ships the water to Chicago by the carload, at any rate they shipped a car or two while I was there.

Sedalia, Mo.

—:o:—

Texas is a great State, great in expanse, great in resources and great in the work her people are doing—her doctors are doing.

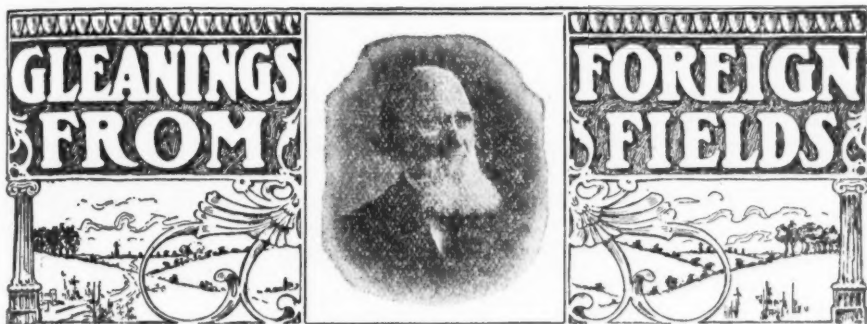
Our records show that the CLINIC family is represented per capita in Texas more largely than in almost any other State.

"The man from Texas" may have a gun in one pocket but he is likely to have a premium case in the other and to have the CLINIC itself on the busiest corner of his office table or in his saddlebags.
—Ed.



rell Chemical Co., of Cincinnati, O. Their Salicylic preparations have long been standard. Personally we do not think as much of the salicy-

lates as others do, but when we use them and specify Merrell's we know we shall get what is right. The writer once stood before a look-



Translated by E. M. Epstein, M. D.

GASTROINTESTINAL ATONY.

Gastrointestinal atony is not a very rare form or cause of dyspepsia. Essentially a nervous trouble its influence would naturally extend to all the different tissues of which the digestive canal is composed. But judging from the experiences of Vassale, Bacarane and Plessi of Italy with a good extract of the medullary portion of the suprarenal capsules with which they cured gastrointestinal atony, I would infer that the chief lesion of this trouble lies in the atonic condition of the blood-vessels of the digestive canal.

I am strengthened in this assumption by the fact that the medullary portion of the suprarenals is embryonically derived from the sympathetic ganglia.

We know that for a physiologic digestion there must be a special afflux and vigorous circulation of the blood first to and in the walls of the stomach, and next to and in the various digestive parts and organs of the canal. But this cannot well take place when there is an atony of the blood-vessels.

The above Italian gentleman proved in many cases, some of twenty years' standing, that 40 to 50 drops of that extract given from five to eight times a day at once removed all the distressing phe-

nomena of gastric heaviness, flatulence, borborygmi, etc., consequent upon that atonic condition. The motility of the stomach and the peristalses of the intestines become normal, and the general asthenic condition of the entire body is at once and progressively improved. — (W. M. W., 32, '03.)

Alkalometry has long since recognized this disease and the cause of it, and met it with its right-hand remedy, strychnine, as the preëminent tonic of the sympathetic system and the circulation over which it presides. And now this action of the new remedy comes to confirm our diagnosis and therapy.

OPERATION OF HEART-WOUNDS.

Such an operation, judging from the reported success of it, will become as unsurprising, to say the least, as a laparotomy is nowadays. From Turin, Italy, we get the report of a man being stabbed into the heart and brought to the hospital in a dying condition, was operated and in a few months returned to his occupation as a mason. After a resection of the ribs and exposure of the heart there was found a penetrating wound

into the right ventricle one and one-half centimeter (3-5 inch) long. The healing of the wound became complicated with a left-sided pyothorax, yet in spite of all that the patient got perfectly well in a few months.

RESPIRATORY GYMNASTICS.

I desire to notice rather here than in the section of "Among the Books" in the CLINIC, an inestimable article on the subject in the heading, which occurs in the *Journal de Physiotherapie* for July, 1903. It is too long (30 pages) for translation here, and every paragraph too important to be merely excerpted from. I can only give notice to those of our readers who read French that there is a fund of knowledge for them in that article. They can obtain that number separately for one franc and 25 centimes, about 25 cents, by writing to M. le Dr. Albert Weil, 151 Boulevard, Magenta, Paris, (x) France. You can write for it in the English, for it may be taken for granted that European medical publishers are usually acquainted with our language.

THE ROLE OF FRANCE IN THE HISTORY OF APPENDICITIS.

A TRIBUTE TO THE MEDICAL PROGRESS IN THE UNITED STATES.

Dr. Marcel Baudouin, whose excellent "*Gazette Medicale de Paris*" we have the pleasure of reading in this office every week, refers in No. 26, 1903, of that journal to Prof. Kelly of Johns Hopkins University, who spoke recently in excellent French before the Surgical Society of Paris, on the subject indicated in the first part of the heading above.

♥ ♥ ♥ ♥ ♥ ♥ ♥ ♥

ing-glass and freely incised a big submammary abscess on himself, and absolutely without pain, having first anesthetized with Ethyl

After paying the professor, his university and its hospital, unstinted genuine praise, Dr. M. B. concluded by saying: "It is less piquant to see an American the type of an active, practical man, who is not afraid to come and give—on what is exclusively a French subject—a lesson to our overworked brain, and that with the ease of a Roosevelt on a Rocky Mountain peak, dealing fully with the eighteenth century in the midst of dusty old books and collections long since forgotten by our first scientific journals.

"The future belongs to the United States. I said this after 1893, and I shall say it again and again as long as I shall live. The Latins are dead. It was Panama that gave them the finishing blow."

PAROXYSMAL HEMATOPORPHYRINURIA.

With due regard and equal respect for the critics who clamor for only the usual every-day-to-be-met-with in practice to have a place in a medical journal, I beg humble leave to report the following unusual case I have gleaned in a foreign field.

A sixty-six years old man passed a black urine every twelve or twenty-four hours whenever he happened to be chilled and wetted through. Objectively there was found in the patient an enlarged left ventricle, a slight systolic murmur, and increased second aortic tone and moderate rigidity of the peripheral arteries. Anamnesically (*i. e.*, "pertaining to the history furnished by a patient of his case;" all that in one word!) there was malaria and syphilis. Before voiding that black urine there was pain in the

Chlorid, and has used it many times both before and since with correspondingly good results. The Grebauer Chemical Co., of Cleveland, O.,

lumbar and abdominal regions. In that urine were found albumin, cylinders and hematorporphyrine, the latter of which gave the black color to the urine. Hemoglobin and red corpuscles could not be seen in the urine. The picture of the disease was similar to that of hemoglobinuria, for which Dr. J. Pal, who reports the case thinks the syphilis to be responsible.—(*Ibid.*)

Query: What relation may this case have to the "Black-water Fever" of which we hear now in Cuba?



THE SYPHILIZATION OF ANTHROPOMORPHES.

The mantle of the noble Pasteur has happily fallen upon the shoulders of his successors Roux and Metchnikoff, not only as to the unlimited painstaking in scientific research for the benefit of humanity, but not less so in their imitating the generosity of the great lamented one. This noble pair of scientists recently communicated to the Academy of Medicine at Paris the important fact that they have succeeded in inoculating a chimpanzee with syphilis, whom (let me say instead of "which") they presented before that learned company.

One professor was convinced of the reality of the inoculation, but would not express himself definitely because he and others tried before this inoculation on other kind of apes and had not succeeded. To this another one replied that those attempts had not to be necessarily successful, but today we have to admit that the chimpanzee as an anthropomorph could really contract syphilis. The discovery is of great importance and does honor to the Pasteur Institute which is



have a good product and a particularly good applicator; use it right and you have the three essentials of success. The Terry Heater Co.,

ready to grapple with this malady which causes such ravages to the human race.

The chimpanzee is, however, getting to be very scarce in the world, and as it is also difficult to capture and keep him well in captivity, he is, therefore, a very expensive acquisition. The Pasteur Institute had no funds at its disposal for such expenditures. Dr. Roux got the Osizis prize of 100,000 francs, and Dr. Metchnikoff had a prize of 5,000 francs given him by the Institute, these the two generous scientific men put into a common purse with which to defray the cost of materials they are to obtain and pursue their indefatigable studies for the welfare of humanity.

Unbidden come to mind the hundreds of thousands of dollars, (\$1 equals 5 francs) which our millionaires are giving for the pursuit of scientific medicine for the benefit of humanity, and unbidden too comes to mind the saying of the Great Physician on another occasion: "All they cast in from their abundance, but those gave away all they had." All honor to Roux the French and Metchnikoff the Russian idealists, and let the name of the good Pasteur be blest.—(Abbreviated from *Gaz. Med. de Paris*, No. 32, 1903.)



STIPO VASEYI.

Stipo Vaseyi was talked of in *Science* for March, 1903, as a remarkable hypnotic plant, having a special attraction for horses. M. B. of the *Gazette Medicale de Paris*, No. 16, 1903, called my attention to it, as coming from an American botanist who discovered it in his travels somewhere in the "Far West." Does any one of our readers

of Cleveland, O., present a very ingenious device in the form of a compressed air heater. They use the headline, "Have Your Own Lit-

there know anything medicinally about that plant? In the same *Gazette*, No. 30, M. B. tells us that Pliny in his *Historia Naturalis*, Book XII, Chapter XVIII, Sec. I, speaks of a prickly bush of the size of a radish (?), whose leaves resemble that of the laurel. Its odor attracts horses. This plant came nearly destroying the entire cavalry of Alexander the Great when he came to the frontier of India, and the same fate he nearly met with when he came to Gedrosia, a province of the present Beluchistan. I regret not having just at hand Pliny's works to be able to verify M. B.'s quotation from it.

The subject is too interesting to be dropped and I would be glad to receive some information about this plant from some one of our readers in the "Far West."

ENURESIS.

Enuresis is not dangerous to life but nasty anyway, and annoying not only to parents but to the doctor, too, not infrequently. Cathelin proposed, and Dr. G. Kapsammer followed, to cure it with epidural injections of cocaine, or normal salt solution (0.6 per cent) at the hiatus of the sacrum. Of course strict asepsis was observed and the quantity was two cubic centimeters. The injection reaches the cauda equina. It was decidedly successful in twenty-five cases, some of which were of many years' standing. The *modus operandi* seems to be the beneficial shock which the fibers of the *nervi erigentes* get, for the medicine may be a simple physiologic salt solution. The operation is simple if you know your anatomy yet, reader. And if you don't,

then freshen up, do it and report.—(W. M. W., 28, '03.)

CANCER.

Next to the great destroyer, Tuberculosis, comes Cancer. Of the origin of either we are as yet ignorant. Will we always be so? Not if the search for it is not given up by all of us; thanks to those of our profession who despise the mere commercial clamor for so-called "practicality," think and delve to find the yet unfound.

Before the International Medical Congress which met this year at Madrid, Spain, R. Bell of Glasgow, gave his ideas on

THE PATHOGENESIS OF CANCER.

He thought the cause of cancer to be an enterotoxemia, *i. e.*, an absorption of undigested albuminous remains in the stagnating contents of the intestines. These toxalbumins reaching the blood operate damagingly on the nervous system and so deteriorate the nutrition of the cells, weaken their function and pervert their metabolism. The thyroid gland when intact is usually able to neutralize the intestinal toxins, and it is when the activity of this gland is impaired that these toxins are absorbed. At the same time saccharomycetes make their appearance in the blood and produce uricacidemia. Toxins together with uric acid exercise a deleterious influence on the structure of the cells and effect a malignant reconstruction of them. From this viewpoint the speaker recommends as treatment the administration of thyroid extract, and at the same time salicylic acid in the form of Aspirin for the destruction of the saccharomycetes. The diet indication is that of milk. (*Ibid.* No. 33.)

the Gold Mine?" Our query is, Have you tried the heater? They offer booklet free. The Gardner-Barada Chemical Co., of Chi-

cago, make great claims for Uriseptin. If they are crowding facts, say so; and if they are telling the truth, say so, for we all ought

Miscellaneous Articles

NUCLEIN, THE ULTIMATE BASIC PRINCIPLE OF SERUM THERAPY THE ACTIVE PRINCIPLE OF LIFE.—A RESUME OF NUCLEIN THERAPY.*

SECOND PAPER.

Dr. Mary M. Michael in writing to the CLINIC sometime ago said: "I wish that some one who has had more experience than I with nuclein would tell us of its use with children, especially with those of a dwarfish growth. I am inclined to think it should be useful in such cases, also in cases where uric acid is present in the system. This question opened up a field which it is highly necessary to cultivate. The action of nuclein in these cases is so remarkable that the practitioner who has illy developed children on his hands should not delay using it."

We answered Dr. Michael (see p. 623 Vol. II American Alkalometry) as follows:

The physiologic exposition of the function of nuclein will be sufficient to enable the practitioner to arrive at definite conclusions as to the virtue of the product in the class of cases cited. As a rule in children of a dwarfish habit, or those who seem to be delicate without apparent cause, we are almost cer-

tain to find defective assimilation, both primary and secondary. In other words, there is faulty digestion of the food-products taken into the stomach, and that which is absorbed is not taken up in such manner that it is appropriated. In the latter instance, the products of primary digestion may not reach the tissues in such shape that they can be easily adapted; or, the functions concerned in the secondary assimilation may be in a reduced or debilitated condition, so that the food is not used as it should be, that is, to up-build and repair.

Now from the physiologic action of the nucleins, we may certainly calculate that this product will increase oxidation, and to a certain extent, promote the elimination of waste products. But there are some things that it cannot do, and that should not be expected of it. For example, increased oxidation throws more work upon the liver, and if that organ is already overtasked, an efficient hepatic stimulant must be added to complete the good effects begun through nuclein medication. For children, we have two very acceptable remedies, ipecac in small doses, and podophyllin resin, not to mention the phosphate of soda, the latter being given in food. For a child five

*In this resume I have been ably seconded by my associate, Dr. Waugh, and by Dr. Clay, our experimental chemist, as well as by other workers on the CLINIC staff, and have drawn liberally, with and without credit, on reports to the CLINIC from active workers in the field. I sincerely hope it will be of value, and that from it and the discussion and further reports that may follow such basal, practical facts will be deduced by our readers as will enable them to get the good out of "NUCLEIN."

years of age I would recommend quarter grain doses of powdered ipecac in the form of a tablet three times a day, with or without the phosphate of soda, say twenty grains daily for several days. In the stubborn cases podophyllin will be necessary, say, one-tenth to one-twentieth grain three times a day together with soda phosphate as described. It will require but a few days or a week to demonstrate the efficacy of the plan here outlined in the case of puny or dwarfish children, and in my opinion, the secret of this method lies in the restoration of the secondary assimilation through the functional activity of the leucocytes, re-established by the artificial supply of nuclein. Of course, it must be borne in mind that in using either ipecac or podophyllin, we require only the physiologic effects of medicinal doses, since the continued exhibition would produce untoward results.

In the case of uric acid being present in the system, it is just possible that the administration of nuclein may produce symptoms that might be construed as an acute exacerbation, but I think the above explanation will be sufficient to account for the apparent effect. Thus, by reason of the increased oxidation in the tissues, extra work is thrown upon the liver, when, for the time being uric acid symptoms may predominate, but here again, it will be necessary to employ adjuvants. Generally, it will be sufficient to administer sodium salicylate, with or without cimicifuga, although I have great faith in podophyllin in small doses continued for several days. This latter remedy is best given in the form of tablets or granules, say, one-tenth or one-twentieth grain, three or four times a day, together with atropine sulphate,

grain one-five-hundredth, also in the form of tablet or granule. The following is a reliable formula for the administration of sodium salicylate:

Salicylic acid $2\frac{1}{2}$ drams, sodium bicarbonate q. s., tincture of gentian 1 ounce, water to make 4 ounces, M. Direct. A tablespoonful in water every four hours for adults.

In case the stomach rebels, or the taste is objectionable, it may be taken with meals, the patient being cautioned to drink sparingly at meal time. This caution is important for the reason that the medicine causes an increased flow of mucus while it has a tendency to retard the action of the peptic glands, by which digestion is delayed and nausea is produced. This unfavorable condition may be allayed in those cases where it arises by having the patient remain in the recumbent position for half an hour, lying on the right side—until sufficient gastric juice has accumulated to start the digestive processes.

Enlarged glands of the neck are symptomatic of tubercular infection, but this is not always the case. Where tubercular infection is suspected, nuclein should be given hypodermically every second day, the injection of ten to twenty minims being made under antiseptic precautions in the intrascapular region. As an adjuvant to this treatment I should strongly recommend the internal administration of copper arsenite with a view to re-establish a healthy condition of the intestinal tract, especially the intestinal digestion since I am convinced that failure here is not only the most constant, but also the most important factor in the development of this affection.

In this connection it will be interesting to note the effect of the above treatment



to know it. Their alleged indications for Uriseptin cover a list of very important affections. The only way to really find out is to

try. I wish somebody would tell the CLINIC whether the local anæsthetic manufactured by The Antidolar Mfg. Co., Springville, N. Y.,

in tubercular infections. In the course of a few days the patient will report that the bowels are unusually free, three or four movements occurring daily. Still, notwithstanding this notable change in his condition, he feels better, sleeps better, is comparatively free from cough, while the appetite and digestion have improved to a marked extent. These patients improve perceptibly and gain weight from week to week, and after a few weeks, the peculiar effect of medication on the bowels subsides. I make this note because it serves to emphasize what I said at the beginning of this communication as to the effect of nuclein medication upon oxidation and the elimination of waste products, and further, because of the fact that I originally brought copper arsenite to the attention of the medical profession as a superior remedy for the relief of acute disorders of the bowel. By following up the foregoing plan in regard to medication in incipient tuberculosis cases, and even many in the second stage of the disease, with careful attention to diet together with systematic and judiciously arranged out-door exercise, most of them can be permanently cured. Clinical observation has convinced me that by introducing moderate exercise, the importance heretofore attached to climatic effects may be discarded in the treatment of tubercular infection, and the signs of the times indicate that modern investigators are working in this direction.

In asking for reports from the field Dr. Martin (p. 625 *American Alkalimetry*, Vol. II., writes in response:

You ask subscribers their opinion of nuclein as tested in actual practice. In my experience it is the greatest curative agent that I ever used.

I first tried Protonuclein on myself. In health it increased my appetite. I used Protonuclein with the alkaloids in a case of facial erysipelas, and witnessed it dry up the eruption in a very surprising manner. My boy, aged six years, was taken with a very violent tonsillitis, so bad that I couldn't open his mouth enough to make an examination. It acted like diphtheritic tonsillitis, and my ordinary treatment would not touch it. I had some nuclein which I gave him. In one-half hour he was better. He recovered in two or three days.

I delivered a primipara with the forceps, and as she was lacerated in the vagina I put her on nuclein. She recovered surprisingly well. I have had all the septicemia I want, and now use nuclein after every confinement as a prophylactic.

Last winter I was taken suddenly with hematuria. I was out of nuclein at the time, and kept about the same till I received some. A few days after taking it I was much better, and recovered promptly.

I had a patient seventy-seven years of age with a severe cold. As I had but little nuclein left I decided that he could get along without it, and I would save it for an emergency. About three days later he sent for me and said he was going to die, he knew he was. Then I trotted out my nuclein and left him some. Next day they said he was a little better. When he was out of nuclein I couldn't build him up; when he had plenty he built up. The last I heard of him he had been out to cut some wood and his nurse said he could eat as much as she could. I am satisfied that nuclein has saved the seventy-seven-year-old man from, not a premature grave, but



is good or not. Their quiet way of telling their story appeals to me. Shouldn't wonder if they had just the thing we have all been

looking for. A world of information is "side-tracked" year by year in the pages of the current medical press. Not lost to be sure for it

a pretty certain death by the old style of treatment.

Nuclein in this Rocky Mountain region, in my practice, will paint the hue of health on the pallid cheek, it will fire the eye, put hope in the hopeless heart, put courage in the soul, and make a man who has given up the battle of life get up and hustle to keep up with the procession. He who was instrumental in introducing this grand therapeutic agent to the notice of the medical profession, is certainly a benefactor to the race.

I am sorry for any physician who will not give it an impartial test.

Some physicians have gathered an altogether wrong idea of the power of nuclein and seem to expect that it would cure every ill to which flesh is heir. That was Aulde's original idea and he seems yet to stick to the same theoretical, non-practical fallacy.

Nuclein, as has been pointed out, promotes leucocytosis and if the leucocytes cannot be supplied with the proper materials with which to work they are like soldiers without rations—useless. Therefore if the body has not a proper supply of the cell salts (potash, iron, soda, manganese etc.) these must be supplied by the treatment in addition to the nuclein. If the system is not under sufficient nerve tone to do its work, even with cell salts in abundance and nuclein added, good results will not follow. Here is where the tonic arsenates—strychnine, quinine and iron—come in to take up the slack.

Nuclein is especially called for when there is a lowered state of vitality even though no nameable disease is present. The whole system then is waiting to receive it, being as it is in a condition lacking strength and the natural recuperative

power to ward off approaching danger, and to make it fully effective the tonic arsenates and sometimes the "cell salts" should be added. Here is where the convenience and special efficiency of the "Tonic Arsenates with Nuclein" comes in.

That when the acute condition exists nuclein soon enables the body to repel the invader is evidenced by the following letter from Dr. Barton (see American Alkalometry p. 631, Vol. II.):

June 28, I was called in consultation to see a three months' baby, with erysipelas of the left leg. The swelling extended to the crest of the ilium. The doctor had used all the usual remedies for this disease, but it continued to spread. I had my bottle of nuclein tablets in my pocket, and suggested that we withhold all other remedies and give the nuclein a fair trial. As the child's fever was very high, and as it could not be quieted even with gr. 1-24 of morphine, we began the administration of half a tablet of nuclein every hour. This was continued for six hours. Result:—Child resting well, no fever, took the breast and nursed heartily. We continued the tablets every two hours for twenty-four hours, in half tablet doses. Result:—No fever, swelling and pain entirely gone, child seemingly well. The only other treatment used was a local application of ergot. Whether this relief was from the nuclein, the ergot locally, or the effects of the former treatment, I am unable to say. However, I am willing to give nuclein a further trial.

While I do not believe any case of sthenic erysipelas can resist pilocarpine, it is of importance to find the limitations of nuclein's field, by general experimen-



can be rediscovered—resurrected. The Year Book Publishing Co. are attempting to save the jist of it all in a set of ten volumes, edited

and condensed by some of the ablest men of the profession. It is a very commendable enterprise to which we bid good speed. Their

tation. Erysipelas is a good disease for such trials.

Apropos of the above, let us for a moment consider the conditions in an acute cold. A spasmodic chill, a nervous shock or some agency, causes contraction of the capillaries, disturbs elimination and throws back into the general circulation certain materials that should be disposed of. The irritation thus engendered is called "a cold." To overcome the cause we give hot baths and diaphoretics, the best of which is aconitine; and now to dispose of this retained *materies morbi*, what is more rational than that we should temporarily augment the defensive proteids of the body by giving nuclein? That is the right thing to do. When the next occasion arises give one granule of aconitine amorphous gr. 1-134, and four of nuclein m. 1-12, every one to two hours (with a teaspoonful or two of Saline Laxative the following morning) and see how quickly, completely and pleasantly all disagreeable symptoms will be removed.

That nuclein also acts upon the mucous membranes equalling circulation and lessening congestion will appear from the following report from the same source:

A lady had been a great sufferer from hay fever for a number of years. She was generally attacked the first of August and it lasted until the first frost. Several physicians had treated her and she had taken all kinds of remedies with only temporary relief. She wanted immediate relief, something very hard to give. I was impressed that this was a good case to try nuclein on, although I had never seen it recommended for this malady. I put her on three granules of nuclein every two hours and one

granule of hyoscyamine every four hours. Her husband reported the next day that she was much better. Two days later he called for more medicine and reported that she was almost well. I met her last week on the street; she informed me that she was entirely well. Is it a triumph for nuclein?

In American Alkalometry Vols. I, II and III will be found any number of reports from physicians who have been helped out of tight places by nuclein and who could now no more practice without it than they could without a thermometer.

Upon page 634 Vol. II, Dr. Stockwell describes how nuclein responded to the test in malaria and rheumatism. The doctor says:

I am getting good results from nuclein in a case of malarial toxemia with congestive tendencies. I give four granules of nuclein with four of quinine arsenate gr. 1-67, every waking hour for four days; and strychnine arsenate gr. 2-134 three times a day, keeping the bowels freely open.

In a case of acute articular rheumatism I gave colchicine, macrotin and salol every hour until physiological effect, then four times a day; with lithium benzoate four times a day, and podophyllin and anticonstipation granules at night. After six days the treatment was discontinued, the patient having then little pain or swelling, and the stiffness subsiding. For the fever I gave aconitine, hyoscyamine and digitalin. These were followed by nuclein four granules every hour for twenty-four doses. The tongue cleaned up so, that the nuclein was reduced one-half and



ad will be found in this issue. The doctor's good ally, Quinine, has been served up in many forms in an attempt to overcome the

taste. So far nothing yet produced has lived as against our bitter friend and we do not think anything will. Yet when Merck & Co.

two granules of salol ordered three times a day.

No salicylates! No opiates! Anti-phlogistine locally!

It is a matter of constant surprise to the "big-dose habitues," to note the effect of keeping the body constantly under the influence of a drug by frequent small doses. One grain daily of lithium carbonate or benzoate will often render the urine alkaline, when given in this way. Half a grain of calomel gr. 1-20 every half-hour, will act on the liver and bowels as well as a five-grain dose, and much more pleasantly.

Reports of the value of nuclein in typhoid fever and wasting diseases are constantly coming in. The experimental stage is long since passed. Nuclein is all right. The dose is two to ten drops two to four times daily; children in proportion.

Dr. Eugene Ball, p. 635, says:

I think the possibilities of nuclein are great, but the indications for its use are not sufficiently clear to the uninitiated. Suppose you put a short article, clear and to the point, in the CLINIC; and tell us when to use it, how to use it, and what to expect from its use.

What are the most salient and visible effects of the medicament in remedial doses, and what would be the effect of an overdose?

Are the symptoms of the disease for which it is given exaggerated or apparently increased under its use, as with some other remedies, prior to the good effects ultimately expected?

Lastly, how long should it be continued before we yield in despair that no good can be hoped for it in any given case?

1. When should nuclein be used?

Nuclein should be used in all instances where there is a disordered condition of the blood. Thus, in anemic conditions with a diminished number of red corpuscles and a lessened percentage of hemoglobin, or when the blood or tissues of the system contain bacteria or their products, as in the case of typhoid fever, malaria, yellow fever, tubercular infection, cholera, diphtheria, etc., and also in the so-called infectious diseases such as scarlet fever and measles. It should also be used in all debilitated conditions of the system, notably that arising from age and during the period of convalescence. It should be stated here that in cases where nuclein constitutes a factor in the treatment of disease, there is no period of lingering convalescence.

2. How should nuclein be used?

Nuclein should be used hypodermically, preferably in the form of a medical solution, ten to twenty minims either alone or diluted with a small quantity of sterilized or boiled water. The ordinary hypodermic syringe may be used under strictly antiseptic precautions, the injection being deposited in the subcutaneous cellular tissues at some indifferent point. The writer prefers the intrascapular region.

Where the hypodermic method is not available, the best results are still attained by the use of the medicinal solution. A prescription can be written calling for some unobjectionable liquid as a vehicle, such as a light wine; the official elixir Curacao is an excellent adjuvant in the case of elderly persons, the dose being ten minims to a dram of the elixir three times daily.

In the case of children and persons suffering from self-limited ailments like measles or tonsillitis, tablets or granules

put their name to Euquinine, Saloquinine, etc., it ought to mean something. Somebody said "Look up and lift up." To this we

add, "Build up and brace up." And Chas. N. Crittenton Co., of New York claim their Colden's Liquid Beef-Tonic to be

may be used, the dose being one or two tablets every hour or every two hours until the disorder is brought under control, when the interval should be lengthened.

3. What shall we expect from the use of nuclein?

According to the character and stage of the disease for which it is administered, we may reasonably expect an amelioration of the symptoms which the remedy is calculated to control. Thus, in tonsillitis, we shall have an abatement of the distressing subjective symptoms in the course of a few hours; in bronchitis, unless the tissues are much relaxed, the cough and free expectoration will subside usually during the first twenty-four hours; in malaria, the subjective sensations of the patient warn him of his improvement within a few days, while the general appearance confirms the belief; in diphtheria the benefits are fully manifested at the end of the first twenty-four hours; in typhoid fever the temperature record of the fourth or fifth day confirms the announcement of the patient at the end of the first twenty-four hours, that he feels better; in first and second stages of tubercular infection, marked improvement is perceptible to both physician and patient within a week, all the symptoms being ameliorated.

(a) What are the most salient and visible effects?

The most salient and visible effects are the change in the subjective sensations of the patient and the general expression indicating a restoration of the nervous equilibrium. This is well illustrated in the case of the diseases mentioned above, but we have further evidence in the range of the thermometer, the condition of the pulse and respiration, the blood-

count, and last but not least the leucocytosis established.

(b) What are the effects of an overdose?

Of course, this remedy being non-toxic, there can be no more evidence of over-dosage than would result from the injection of an overdose of extract of malt. Still, I do not advocate large doses, for the reason that it might produce an effect similar to that following the long-continued use of artificial digestants, like pepsin and pancreatin. This, however, is not likely.

4. What are the effects, as regards symptoms of disease?

In addition to the question already stated, the correspondent asks: "Are the symptoms of the disease for which it is given exaggerated or apparently increased under its use, as with some other remedies, prior to the good effects ultimately expected?" In reply to this query it will be stating the condition fairly by saying that the symptoms of the disease subside as in the case of lysis, there being no "critical discharges."

5. How long should nuclein medication be continued?

The time during which medication should be continued will depend on conditions present, and whether the disease is acute or chronic. In tonsillitis, for example, medication may be discontinued at the end of the first twenty-four hours. If the patient be a robust, hearty subject and is discreet in his eating, no further treatment is demanded. In the case of tuberculosis in the first stage, when the patient is young and in comparatively good flesh, a month's treatment will suffice to produce an apparent cure, but the actual condition must be determined by the microscope.



a thoroughly good thing along the line of our suggestion. You can "brace up" if you will only try. Peptenzyme, R. & C., is a good

thing. Every doctor needs it and most every doctor uses it." R. & C. has been a dependable trademark for many years. Pepten-

But our correspondent wants to find out how long treatment should be continued in any given case before relinquishing it for some other treatment. This is an important point to understand. In the use of digitalis, it has been found that this drug exercises no influence over the pulse-rate when the temperature reaches a certain limit, and yet digitalis is recognized as our most popular cardiac regulator. Under the conditions stated, where nuclein medication absolutely failed to produce the desired effects, I should be inclined to look for a cause or causes likely to lead to such untoward action. If the temperature is too high, it would be policy to reduce it; if the pulse-rate is accelerated, I would recommend the employment of arterial sedatives; if the cause was presumed to exist in the digestive apparatus, I should take every precaution to have it eliminated; and especially would I give particular attention to the condition of the liver. As in the case of other machinery, we must exercise due care in the management of the human machine; the belts must be kept tight enough to avoid the complication incident to lost motion; but the bearings must be kept well oiled and the foundation firm; else we shall have a "hot-box."

The concrete value of nuclein is well expressed in the words of Dr. T. J. Hagerty who, writing to the CLINIC says:

The exhibition of nuclein is so seldom had independently of other medication that it is not always feasible to determine the precise amplitude of its range and the ratio of its curative value in concrete cases. The metabolic, antiseptic and tonic limits of nuclein cannot be fixed with a sufficient working-accuracy when

it is made a mere tentative adjuvant to ordinary treatment; and, therefore, the following cases have not a little clinical significance by reason of the sole employment of nuclein in each one.

J. B——, who came to Texas five years ago with pulmonary tuberculosis, returned from a short visit to his home in northern Wisconsin. The unfavorable change of climate quickened the tubercular ravages. The katabolism had been so pronounced that he fell in weight from 155 to a scant 127 pounds. Examination showed that the superior lobe of the left lung had undergone complete necrosis. Extensive tubercular concretions were well confirmed in the apex of the right lung. General systemic asthenia combined with frequent paroxysmal cough to give a very foreboding prognosis. Moreover, the patient was sceptical of all treatment and was induced only after much persuasion to submit to a trial of nuclein.

When this point was gained my faith in nuclein (a logical assent to trustworthy premises) prompted me to do a very unprofessional thing. I promised the patient that, if he did not increase ten pounds in good flesh in three months, I would give him a Christmas-present of fifty dollars. Despite a severe cold and exposure to rain on two separate occasions in the meanwhile, he has already gained eight pounds and I am confident that my exchequer will not be drawn upon at Christmas. Recognizing the fact that nuclein must have material wherewith to effect its synthetic construction, the patient was given a carefully selected diet. In order to test the tonic power of nuclein all other stimulants were inhibited. Whisky is a diffusive stimulant in consumption and is of little worth



zyme is a good preparation—tastes good and does good, and therefore is good. One of New York's many "Smith's is a success, and

one of the reasons of his success is the merit of Ergoapiol which has been favorably before CLINIC readers for many months. The idea

otherwise as a tonic. Nuclein is as superior to it in this regard as Dosimetry is to the Galenic measures—which is saying a good deal more than can rightly be put into words. Plenty of fresh air, lung gymnastics of a mild kind and suitable hygienic environment were insisted upon.

At this writing the severity of the cough has been largely reduced and so controlled that its paroxysms are manifested only on exposure to draughts. The tubercular lesions have partly healed and the elaboration of toxins has been much hindered. The antiseptic power of nuclein cannot be denied. Whatever multiplies the leucocytes and enhances their functional activity increases the resistive force of the defensive proteids; and therefore nuclein checks further infiltration in tuberculosis.

Mrs. T. began treatment for chronic dysmenorrhea of ten years' duration. Intense atonic congestion of the pelvic viscera caused the catamenia to be looked forward to as a thing of terror and a time when the slightest untoward happening that might

"Softer fall than petals from blown roses on the grass"

would give exhaustive pain. Hemisideria of the sharpest sort was an invariable concomitant and constipation became chronic. The patient had exhausted all reasonable resources of treatment before she began taking nuclein. Since then improvement has been steady and satisfactory with not a single instance of retrogression. Normal functional energy will, I make no doubt, eventuate in six months at the longest.

These two cases are typical of their class and will suffice for the purpose of my postulate, to-wit: that more reliance

ought to be and can be placed upon nuclein for the main results than has hitherto been the wont of ordinary practitioners.

The above is most suggestive. Few have the courage to drop all other measures and rely upon an agent whose effects are not roughly apparent like those of an emetic. But nuclein is surely becoming established as doing all that has been claimed for it. Leucocytosis is conspicuously absent in tuberculosis, and the significance of this is obvious, since of all mycotic affections this alone wants leucocytosis and is not self-limiting. And yet the occurrence of spontaneous leucocytosis in tuberculosis signifies an intercurrent attack of pyogenic bacteria and evidences nature's effort to get rid of them. We should help by giving nuclein.

Any resume of nuclein therapy would not be complete without reference to Aulde of Philadelphia who has done much theoretical work on the subject and from whom we quote these paragraphs, having already promulgated and apposed some of his ideas in the above.

"Taking a comprehensive survey of the subject in hand, we should assume that the exhibition of nuclein would be useful, first, in the treatment of all forms of anemia, where nutrition is below par and digestion so impaired that insufficient pabulum is supplied to the white blood-corpuscles. By enriching the blood through the artificial supply of nuclein, the normal functions of elimination are improved and leucocytosis restored. Malaria, especially of the chronic or recurrent type, is promptly and favorably modified by the exhibition of nuclein. In both disorders the effect of medication



is right and you know what "the proof of the pudding" is. The most commendable ad in the CLINIC, from a mechanical standpoint, or,

rather from the standpoint of the critic of right advertising, is that of Sharp & Smith of Chicago. No one interested in artificial legs

can be demonstrated from time to time by an examination of the blood. In digestive disturbances, whether occurring alone, associated with or dependent upon other diseases, whether affecting the stomach or intestinal tract, nuclein is most efficacious. Pulmonary disease, tuberculosis, pleurisy, pneumonia, pleuropneumonia and bronchial affections generally, respond promptly to nuclein medication; but a caution should be added that too much must not be expected of nuclein, presently to be more fully elaborated. In diseases of the skin arising from imperfect elimination or suboxidation, the administration of nuclein is attended with the most gratifying results; and it is even serviceable in correcting cutaneous lesions due to specific infection, doubtless owing to the improved character of the insensible transpiration. Derangements of the renal functions are promptly improved by nuclein. In a marked case of albuminuria, the urine was increased, the percentage of albumin lessened, œdema of the extremities and abdominal distention diminished and there occurred decided improvement in the digestive functions. The effect of nuclein upon the kidneys during the progress of disease elsewhere is not especially marked, the urinary flow being slightly increased, but the general character is distinctly improved."

From the preceding remarks, the effect of nuclein upon the nervous system will be inferred. When disordered innervation results from faulty assimilation or defective elimination, its beneficial influence becomes apparent, but its virtues are particularly noticeable when the history of the disease enables us to designate some local ailment or derangement as the exciting cause for the persistence of the

malady. Thus, in females, menstrual irregularities may be responsible for a mild form of melancholia which promptly subsides upon the re-establishment of a more active tissue metabolism. In men, immoderate coffee-drinking not infrequently paves the way for subsequent cerebral disturbances. Upon removal of the cause, the hepatic functions regain their vitality, and with the addition of nuclein, elimination at distant points is favored.

The stimulant effect upon the cerebral functions can easily be demonstrated; taken at a time when the vital powers are depressed and the physical system exhausted from overwork, a few doses, often a single dose, creates a feeling of mental buoyancy; the step becomes firm and elastic and ambition supplants languor. This property has frequently attracted attention in the aged and in those suffering from chronic maladies.

"In tuberculosis it lessens the cough by diminishing expectoration, improves the appetite, regulates the bowels, increases elimination by the skin and kidneys, decreases the frequency of the exacerbations due to the extension of the disease, controls in a measure the night-sweats and creates a feeling of well-being, while it does not interfere with the administration of other medicaments hitherto so highly prized for their antiseptic properties."

Administration.—As the reader will infer, the employment of nuclein does not necessarily debar the use of other approved medicaments, since the action of the remedy is purely physiological, while the greater number of products usually employed are chemical in their activities. Nuclein does just what has been claimed for it, namely, increases the resistance of

can but be pleased by their simple, practical and most efficient method of presenting the subject. The whole thing is before you to be

appreciated at a glance. A better mechanism than this it would be hard to conceive. The growing need of help to overcome the drug

the tissues and body fluids to the invasion of bacteria and their products, by augmenting the normal antiseptics of the organism.

The injection is made at some indifferent point, under antiseptic precautions, of from ten to twenty minims of the medicinal solution, once daily, and by way of control it will be advisable to suspend other treatment for at least a week in order to determine what if any benefits are likely to be derived. Generally speaking, the more acute the malady, the more active the treatment. Thus, in the early stage of malaria, typhoid fever, measles, scarlet fever and diphtheria, the injections should be made at least twice daily, by which complications are avoided and subsequent treatment simplified.

In concluding this all inadequate and rambling treatise upon nuclein it seems fitting to give a few suggestions as to the way to use it to the best advantage.

Hypodermic Injection. In giving nuclein hypodermically it is imperatively necessary that not only shall the syringe and needle be sterile but that the skin itself shall be surgically clean. The most satisfactory plan to follow is this, use only a solid metal or glass syringe. The whole syringe should either be soaked in alcohol or boiled for a few moments. While this is being done the skin over site of puncture should be washed with etherial soap or plain soap and water and then sponged off with alcohol or ether. Now with a five per cent solution of carbolic acid go over the spot again and finally dry with sterile, absorbent cotton. Cover the area with a wad of this while getting ready to inject.

Having wiped off the syringe with cotton (sterile) draw up the amount of

nuclein you propose to inject from the bottle direct and if for constitutional effect add at least an equal quantity of distilled water but if for local—as in cancer, etc.—inject pure.

See that the fluid is well up to the point of needle before injecting and after ejecting a drop wipe off the needle with cotton soaked in alcohol and with a firm hand push it well home under the skin. Inject the nuclein slowly, withdraw the needle and seal the puncture with a touch of collodion.

If these measures are taken you will never have the chill or flushing which some practitioners claim follows the injection of nuclein. This simply means that some septic matter was injected with the nuclein and as some of the preparations are from animal matter it is easy to see how a mild septicemia can follow the use without aseptic precautions of such a nuclein solution.

The Dose of Nuclein Per Os. There is something in the manner of exhibition. When a rapid and marked leucocytosis is desired the dose should be ten, fifteen or twenty drops and repeated every three or four hours. If, however, the general tonic and sustaining effect of nuclein is desired the dose should be small, five drops being the maximum—and this should be given not oftener than three times or better twice a day. One thing has been proved by experience and this is that nuclein should not be taken within an hour of eating. The best time is when the stomach is most nearly empty, as absorption is more rapid and complete and there is not the probability of chemical change taking place. When the digestive function is active there is an undoubted loss of effect.

Nuclein is not liable to deteriorate.



habit is evidenced by the great number of institutions springing up all over the country for the treatment of this affliction. Who has

not observed the great chain by which the Oppenheimer Institute is binding the country. We trust the band will prove to be golden and

At the same time it is always wise to keep the bottle in a cool place, to wipe off the rim after use, and to see that the cork is kept tightly in place. The tablets are handy for medication *per os*.

It will be seen from the above reports that nuclein is not a theoretical but an eminently practical remedy—one which does what it is supposed to do and does it promptly and well. In conclusion we would ask the profession to study this remarkable agent thoroughly and report through the columns of the CLINIC which are ever and at all times open to just, energizing and progress-making criticism *pro* or *con*, only that it makes for the good of the profession and through them for the betterment of humanity, moral and physical.

W. C. ABBOTT, M. D.

Chicago, Ill.

CRITICAL NOTES ON THE OCTOBER AND NOVEMBER CLINICS.

The following are not "clinical notes," for the CLINIC is not sick, far, far from it, and it does not call for treatment; and I have no occasion to take notes of it, but the advisability was hinted to me from high quarters of taking up again my "Notes on the CLINIC," which I let go after taking them up some years ago. This looks like a compliment to my past historic connection with the CLINIC, but is it at the expense of my present? Vanity would fain believe the first and sensitiveness the last. But I will try, though the task is much greater with the present formidable dimensions of the CLINIC, than it was in the youthful age of it. And so *ad rem*! I bank on the special privilege granted me years ago by Dr. Abbott to use the

Latin; it is handy for me, and no insult is meant by it to those who neglected their Latin, or never took it up.

In both criticism by Dr. W. and the editorial reply to it, pp. 1129-32, I miss the old Latin quotation "*Qui facit per alium facit per se*," which holds good in the law of responsibility anywhere.

"Truth Tritely Told," page 1134, that: "There is nothing more expensive for the nation" than alcohol, needs to be supplemented, that nothing gives the nation so much revenue as alcohol. To fight alcohol effectually you must reform national incomes and expenditures. Go to Australia and learn how to do it.

The slap in the face of "German Medicine," page 1136, with one hand, and the pat on its shoulder with the other, is rather unpleasant reading for one who has studied both American and German medicine and practised both in both countries.

The Straight Talk from Alkaloidal Headquarters is always good, for it does good and offends no one.

I said and say a hearty Amen to "simplified spelling," *in re* to letting stand the silent "e" in naming a salt-making, true alkaloid, and dropping it from all other medicaments. Among those authorities who adopt this rule are the grand Reference Book by Buck, Duane's Dictionary, Dorland's Dictionary, and Dunglison's 27th edition. Truth in moderation will conquer at last ultra unreasonable radicalism.

"Tetanus—Lock Jaw," page 1145, is worth reading twice, and following its teachings always.

Dr. Fulcher's long experience with "Fevers in Dixie," that "aconite and gelsemium," and more so their alkaloids, "have powers in fevers, more in con-

♥ ♥ ♥ ♥ ♥ ♥ ♥ ♥

humanity benefited. What's in a name? is a question often asked. We say, "One of the chief essentials of commercial success,"

Chanarrin is easy to remember, and if the remedy is good, and if the machinery of promotion works smoothly, our friends, The

tinued fevers, specially in those of a typhoid type," eminently worthy of remembrance by alkalometrists. Lately my experience with both the Alkalometric Triad (Dosimetric Trinity) and Defervescent Compound, both of No. 2, did not prove as satisfactory as it usually did. It was a case of typhoid that lingered long. It is well to have Dr. F.'s advice in mind in such cases.

Parandekar's treatment of malaria is instructive. His remark about caution with zinc sulphocarbolate in pneumonia is to be "minded" as I used to say.

Cuzner's "Alkaloidal Treatment of Malaria" is good and sound. But there is one statement on page 1151, fourth line from top, that puzzles me: "* * * elimination of waste products the result of embolism."

Is this a misprint? Embolism refers to arteries, and is there an artery by the plugging of which the elimination of waste products is hindered?

Brooking's "Reference to Bioplasm" is quite interesting reading. Case I, however, failed to convince me, as suprarenal gland extract and Armour's Ext. of Bone Marrow had some influence for good to be charged to their account. Case II, had Abbott's Heart Tonic and Antiphlogistine to help the case, and their mighty help I know very well. Case III. is more convincing, and cases IV and V are most convincing.

"Maternal Feeding," by Dr. Theodore W. Peers, would be properly supplemented by "feeding the nursing mother." The article impresses me as truly scientific and equally so practical. The doctor's quotation from Dr. Holt about the increasing number of mothers incapacitated to feed their infants, reminds me to remind older readers of the CLINIC

what I wrote a good while ago about the prevalent amammic female chests of the present. The masculinization of the present woman in many respects, and the decay of proper marital enjoyment except for purposes of (uncertain) procreation and the presentation of the wife, by some very pious erratics, as nothing but a martyr to the brutish lusts of the husband, all this which has gone on unchecked for more than two generations, has produced, besides concubinage, divorcements, and yet more debasing evils, also very largely the dematernization of mothers. In Europe, too, this evil is becoming more prevalent, but there it is ascribed to alcoholism, that pseudo-scientific scapegoat for every unexplained evil.

That artificial feeding, and commercial clamorades about the various infant foods, produced this dematernization, I am inclined to doubt; for this would be putting the effect before the cause. But that the female pelvic disorders of to-day deprive the mammæ of their physiologic stimulus there is hardly any room to doubt. The facts are so coincident that there is more than an excuse for theorizing them as cause and effect.

Dr. Peers' reminding to care for the nipples before parturition is eminently in place, but a mere solution of boric acid will hardly suffice as a prophylactic application. A solution of tannic acid in alcohol, or in common whisky, *ad saturandum*, will be more sure.

The Dr.'s brief analysis of mother's milk is admirable and easily utilized.

The signs given of a mother's milk disagreeing with an infant are very practical and true and good. So, too, are the "conditions" of mother's milk disagree-

Matthewson Laboratory of Marshall, Texas, gave a good thing. No one needs to say, "Up John and at it," to our Kalamazoo friends

of friable-pill renown. They are strictly "up and at it" every day and they are making a great success; first because they have a good

ing with the baby and what to do under such conditions.

Finally I must admire the Dr.'s careful sense of propriety in mentioning a masseuse (fem. gender) for the massage of the female breast.

The whole article is admirable and worthy of even a wider circulation than the CLINIC has. Speak of it to your colleagues, brother reader.

Waugh's reply to Dr. Mastin is a real Waughiana, which hits Dr. M.'s many weak points.

The introductory Breweriana to a next article by him on epilepsy is very promisingly enjoyable. There are many writing doctors, but only one Brewer.

I have to ask pardon of CLINIC readers for the errors found in my article "Caffeine." I had no opportunity of re-reading it before it was printed. Above all I wish to forestall any idea of plagiarism, which I regard as the most contemptible feature in any author; it is literary pickpocketing. This article is not my work but that of Houde's *Revue Therapeutique des Alcaloids*. I do not remember for what month of this year.

"First Experience with Alkalometry" and the editor's replies, is to my mind a perfect model of correspondence between a physician, subscriber, and customer, and an editor-manufacturer. There is neither contemptible commercialism in the one nor mere fault-finding in the other. Editor A., my hearty congratulations!

There is nothing new in "A Plea For the Active Principles," but as there is nothing new in old wine, this will stand drinking in temperance doses, and those pleas will stand repeating in inoffensive language.

"Acetanilid, Salicylic Acid," Dr. M.

E. Johnson, is excellent. It has the ring of an honest and observing physician. The editor's dose of acetanilid is more than I give, which is just the half, and so, too, is the caffeine.

Why not call "Southern Fever," page 1183, "Paratyphoid?" The name is a mighty convenient one.

Shall we know what "Apocodeine" is by the next CLINIC? An alkalometric purgative granule seemed long since to have had a demand for, and has the supply come now? I hope so.

About spelling reform, page 1186: Is there no need of pronunciation reform to go hand in hand with it? I saw, yes.

That case of croup cured with calcium iodized, page 1187-8, is splendid.

The case (and cases of smallpox) reported under "Diphtheria," page 1188, is remarkable, and Dr. Dobson deserves our thanks. Let me tell him that our colleagues the Dosimetrists of France rely on calcium sulphide as an abortive of smallpox; and so do we Alkalometrists of America, and so should Dr. Dobson.

Dr. Thomas giving credit to Dr. Green, page 1190, for his excellent treatment of Malarial Hemoglobinuria, deserves credit himself for professional comity. It is frequently not done by pretentious medical oracles who, etc.

"Glonoin the Lifesaver" of a newborn child is a very noteworthy record by Dr. V. E. Lawrence. Why has it not got yet in the textbooks?

"Spider Bite," by Dr. Worcester, is, to my mind, a very important contribution to the therapy of venenation, of which we have not much literature, toxicologies occupying themselves mostly with vegetable and mineral poisons.

What an amount of commonsense



thing, second, because they know how to push it, third because they are working with and through the best man in the world, his

Majesty the American Doctor. Dr. J. A. Albright of 900 North 48th St., Philadelphia, has been talking to CLINIC readers for a long

wisdom and expression there was in Burgræve. It did me good to read that lecture of his in the CLINIC.

Reading Dr. Judd's "Typhoid Fever," the wish came prayer-like out of my heart: Oh, that the Lord would send out Alkalometric laborers more rapidly into this sick, dying, ill-treated world!

The reports from our Alkalometrist colleagues on their treatment of typhoid in Michigan, Utah, Pennsylvania, California, Indian Ter., Georgia and Kansas, are encouraging in many respects. It augurs to my mind much in favor of the triumph of the Alkalometric method at the no distant future. It is delightful to see the spirit of therapeutic freedom in these, our brethren. I compare the progress of our noble cause here with that which it is making in France, which I follow with lively interest, and I think we are doing better here. There the inordinate conservatism and inertia among physicians is more powerful than with us, and these, together with the prevalent therapeutic nihilism of Europe, are hindering the progress of our cause. And, if I am not much mistaken, the pharmaceutical laws, too, of France are a great aid to the commercialism of the drug trade, which hinders everywhere the dispensing of medicines by physicians themselves.

In our free America our main opposition comes alone from that commercialism, which will be overcome, however, when our manufacturing pharmacists will increase their knowledge and their outfit of alkaloids, for which, thanks to the propaganda of the CLINIC, the demand is steadily growing. Great is truth! It is mighty and it will prevail. So mote it be.

NOTES ON NOVEMBER CLINIC.

The editorial "Contraction for Expansion" is in the Biblical line of scattering and yet increasing (Prov. II:24), but we would have to read it: "There is one that withholdeth yet giveth more."

"The No Breakfast Idea," by Dr. E. F. Robinson, and its editorial comments are judicious, because neither of them are extreme. The idea is remedial for certain pathological conditions, but not for the normal, healthy ones. If hygienic scientists are to prescribe for us the kind of food and the time of feeding, they must first study these subjects as they have been practised by different nations in different climes and learn then the effects of those practices. This would be a historical study, and the monuments of history are often found in the words of a nation, as well as in the progress or extinction of it. The Hebrew shows two meals a day, of which no names are recorded. The Talmudic literature however speaks of the morning meal, the noon-day meal, and the evening meal.

The Greek word "Ariston" vacillates between early breakfast, as in Homer, and the noon-day lunch, as in later writers, but the "Deipnon" is supper, and the principal meal, hence any elaborate meal is called "Deipnon." The Latin has Jentaculum, Prædium and Coenum, corresponding to our three meals a day. The descendants of the Romans follow suit. The Teutonic nations have (German) Fruehstueck (Early Piece), breakfast; (English) Mittag (midday), dinner, and Abenbrod (Evening bread), supper. The Russian has Zavtrak (morning piece), Obeyed (midday piece) and Vetschera (evening piece). Now

time on the subject of "The General Practitioner as a Specialist" and offers his ideas in a condensed form at \$3.50—cheap for good

ideas. Since the days of our cherry-tree climbing we have found nothing better as a basis for cough mixture than the sap syrup

think which of the nations have lasted long do last now, and have the prospect of lasting. I think this to be the proper way in judging of the food, drink and mode of life proper to various nations and climes, the cosmopolitanism of modern life notwithstanding.

The editorial "Where do you Stand?" went to my heart, not only to the mind. There is a humanitarian side to Alkalometry as well as mere therapeutically useful and commercial sides. Alkalometry is not only nonsectarian but even antisectarian, and this is just what medicine needs in order to eliminate from it the evil accretions of ages, and the reproach of uncertainty in a great measure. That the twentieth century medicine is bound to be not only alkaloidal but alkalometric too, there is no doubt to my mind, for it can neither be ignored to death, nor criticised to it. But brother reader, there is such a thing as "hastening on the day of the Lord," though that day is sure to come whether we favor it or even disdain it. "*La Dosimétrie s'impose comme un devoir*," says Prof. S. Laura of Turin, "Alkalometry is a duty."

"Straight Talk, etc.," excites once more in me the wonder that military medical men have not adopted alkalometry long ago. Are they ignorant of it? Or is there a categorical imperative demand from the usual sources of supply? *Quien Sabe?*

The editorial expression: "Follow out the ideas of specific therapeutics" in "Coughs and Colds," page 1309, challenges my thinking once more as it did some years ago. Does the editor mean by this and the context that alkalometry is the therapy of mere symptoms? Then this would not be specific but general, for

similar symptoms occur in various diseases. But the editor must have had in mind the jugulation of diseases, where symptomatic therapy is just in place and time. In the progress of science old words assume different and various meanings, and so with "specific," the word, is an enticing "ad captandum," but the rest of the article is eminently scientific, practical and resourceful, the very ideal of Alkalometry.

"Osteopathy: Error Noted," is an editorial of fine, frank quality, the very opposite of what the German call "Rechthaberei," which may be awkwardly rendered "Rightamness," which is the quality of some editors of oracular pretensions.

"What causes the Infantile Uterus?" Arrest of development in prenatal and infantile life. There is no treatment for the first, and is no misfortune nowadays if no menstrual molimina are present. They are very apt to occur in the second kind, together with other ailments, as tuberculosis, chlorotic and other anemia. In such cases no emmenagogic treatment should be tried, rather roborant and tonic treatment. In mere resulting sterility galvanic treatment is promising. But why avail one's self of it in these days of uterine discounting? The marital relation is not hindbersome in this affection.

The interesting "Kidney Query to be Answered," page 1312, brings to my mind what Dr. J. Viaud, a noted French Alkaloidist says about mutton fat. An extract of that fat contains a body, called "Isoleine," which combats the dissimulation and demineralization of the body. If this be so, then there will be less catabolic products in the urine, and they will find their exit through other



of wild-cherry bark, and with the addition of Heroin in Pruni-Heroin as presented by the Wyttenback Chemical Co., of Evansville,

Ind., now bids anew for favor. The great importance of Electro-therapeutics is well demonstrated by the multiplicity of devices

channels. Will that do for a suggestion?

To the gem on the same page about the sun and the fruit, let me add: The Infinite One cares for the smallest finite one just because he is In-finite.

"Splenic Leukemia" and its treatment of a case is splendid. I think H. T. Webster's *Dynamical Therapeutics* give good explanation why *Polymnia Uvedelia* acts differently in different cases of spleen enlargements. Webster's book is always interesting reading. When are we to have a new edition of it?

The trouble with "The Abortive Treatment of Typhoid Fever," page 1314, is that when we abort it our friend the enemy says it was not typhoid. Why not speak of the abortive treatment of fever? Can we really diagnose a fever in its first appearance what it will turn out to be?

If "Kleptomaniacs," same page are on the increase, is there a connection between it and the increased consciencelessness of commercialism which is largely now condoned?

To "Some Advice to Nurses," I desire to add, that in every family, at least a large one, there should be found out the naturally thus gifted one, and trained at home to further usefulness for the home and the neighborhood. It is an accomplishment equal to the highest, and readily converted into a charity more precious than gold and silver. I have a couple of them in my family and so know their value.

"Combating Consumption," page 1316, put me into a deep thinking mood while I was reading it. I was refreshed at the end with the editor's frank confession of European superiority to our neglectful ways. When an influential native

American speaks in this way then I take courage.

The master of craniology, Virchow, is dead, and the Neanderthal skull is called up again to do anthropoidal duty. We (I) suggest again that pathology be not neglected in craniology.

We rise from the reading of the "Nuclein" article with unusual delight. In chemistry certain bodies act by their mere presence to produce the attraction of other bodies so as to unite them in one single body or also to distract a compound body so that its constituent parts repel each other and the one body becomes many bodies. This action received the designation of "Catalysis." The late lamented Past Master of Alkaloidal Therapy and his French and American followers rightly contend that Alkaloids, too, act on the organic animal body catalytically, for how else, say they, can it be explained that such small doses of medicines as we give should produce such mighty changes in the organism without leaving a trace of themselves in any tissues or fluids of it. I do not know how to explain catalysis in the unliving matter of chemistry, for I am not ready yet to accept an analogy between the hypothetical atom-unit and the living-cell unit of organic life. Does then Nuclein act catalytically, at least on the leukocytic phagocytes, to produce their fission and thus an increased leukocytosis? And may this not explain the astonishingly beneficent action of Nuclein as a mighty promoter of catabolism? The *vis medicatrix naturæ* often becomes insufficient in its resistance to the toxic influence of uneliminated waste products, and it is then that an extra leukocytosis comes remedially to help either spontaneously, or by the aid of Nuclein. The

created to enable the practitioner to successfully apply this force under the various conditions to which it is applicable. One of the

most ingenious devices that has yet come to our attention is that of the Chicago Electro Appliance Co., 67 Wabash Ave., Chicago. It is

thinking mind craves explanations of phenomena and the greater, as these of Nuclein are, so much the more.

Dr. Tracy's "Hydrotherapy" is applicable in some cases but by far not in all. I have tried and succeeded with cold water admirably in selected cases. In others I found warm water more suitable. Where shock is needed to be given to the pendulum of healthy life that has sunk below its normal amplitudes because of some obstruction in its (pendulum) path, then cold water is in its place. Where the trouble is in deficient catabolism and in the elimination of its products, then warm water to promote them is far more in place. The Doctor's assertion, too, that "learned hydrotherapists simply borrow from father Kneip," is considerably *de trop*. Winternitz of Vienna, Austria, and Simon Baruch of New York, both of whom gave us their hydropathic ideas in English and many others too are far more reliable teachers of hydropathy, and many of them much older than Kneip's books. To popularize is one thing, to teach scientifically is quite another. Compare suggestion and Edyism.

In this connection let me recommend Winternitz and Kisch's Hydrotherapy, etc., Vol. IX of Cohen's Physiologic Therapeutics, which was reviewed in last year's CLINIC and S. Baruch's Hydrotherapy reviewed this year.

Dr. Murray's on "Malaria in Key West, Florida," is after the style of the book of one chapter and one paragraph on "Snakes in Ireland," stating that "There are no Snakes in Ireland." The scientific entomological addendum on "Some Mosquito Points," is of great interest for the investigator of malaria.

"Prophylaxis of Syphilis" is always

and everywhere in time and place in city or country, for civilization is nearly synonymous with syphilization. The unwillingness to admit this, gives as much immunity as the safety given the head-hiding, hunted ostrich.

"The Climate Cure in Consumption," by Dr. L. A. Milliken struck the minor key reverberatingly in me. And I thus sadly meditated. Every world-wide institution has a basic truth as its motive power. The church is based on the inestimable value of the individual's soul and its salvation from eternal death. Dr. M.'s institution would have to be based, for it could, on the inestimable value of a human life. But am I exaggerating in thinking that such a value does not obtain in this country? When Nicholas I. was asked why he sacrificed so many men for the conquest of Caucasia, he answered: "People are born, land is not." Do we, as the people of the United States say something like the same? Yes, the Russian peasant is right in saying: "To God it is too high, and to the Lord it is not so nigh."

Dr. A. T. Cuzner views the same subject from the socialistic point of view, and what he advances must be unanswerably admitted. One thing I could wish him to have brought out, viz., that in the question of consumption we do not help ourselves in safety if we refuse to be "our brother's keeper." And this may bring about the needed national measures sooner than anything else. We love ourselves better when we love our neighbor better.

And there is another idea of Dr. C.'s that I am inclined to dissent from. On page 1348 at the end of the right column he says: "The physician is the recognized guardian of the public health" on account

a veritable *multum in parvo*. Few advertisements in the CLINIC have occasioned more inquiry at this office than that of Bioplasm. If

the product is one-half as good as the ad is well written it is all right. With that kind of promotion well followed up it should be a

of the professional education he has received. No! The public regards a physician as a mender, a sort of cobbler, not even as an original shoemaker. The public—well, have not finished their education yet.

About the "Social Evil" Dr. Cuzner has some painfully wholesome truths to tell on page 1349.

Apropos! What is the relation of the social evil to family abortion?

The recommendation by Dr. A. A. Burr, page 1350, of the local application of magnesium sulphate and glycerine per vaginam as a pelvic depletor is very recommendable.

"Typhoid fever," by Dr. Grosby, is well seasoned Alkalometric reading.

My heart too, filled with sadness at the reading of the late Dr. Clifford's article. I, too, knew him and his kindly nature and scientific attainments. Peace be to his ashes.

The "Tapeworm Remedy," page 1357, beats even the *semen cucurbitæ peponis*, vulgo pumpkin seed and its resin, which is also an excellent teniafuge.

On "Spiritualism," page 1365, aside from Mr. Aber's truth or falsehood, I beg leave to differ from the argumentation of the Editor in comment. It amounts to just the chick's argument: "What I don't see I won't believe." A chick just coming out from the egg shell looked into it and protested that it was impossible that she with all her knowledge and mighty imaginings should have ever lodged cramped down in that mere little shell. No, she could not believe it, not she! "But," said her mother hen, "The other half of the shell is yet on your back." "On my back, indeed," the chick replied, "I can't see it, and what I can't see I won't believe." I agree with

the Editor that "there is a limit to the knowledge even of ourselves," but this does not justify an everlasting scepticism when evidences of facts are presented. The society of Psychical Research has such evidences presented to it. As there are doctors and doctors, so there may be spiritualists and spiritualists.

In regard to the assumed uselessness of the study of languages in "Medical Education," page 1370, I have an anecdote. Prof. Oppolzer, late of the University of Vienna, Austria, lectured once in his clinical ward on a patient with an apparent hepatic abscess. A crowd of students and physicians were around that inimitable clinician and diagnostician, among whom were also the writer and the now well-known Dr. Stern. Oppolzer in the flow of his remarks was lacking a technical Latin word that would express just what he wanted to say. He turned to Dr. Stern and asked: "What is the word I want?" And Stern promptly gave it. "Well," said Oppolzer, "we must learn much to forget a little." What we learn during our school education is not all to remember but to educate our minds, to think rightly. For this accomplishment there is no better discipline than the study of geometry and languages, the first teaches you to think in the way of Q. E. D. "What was to be Demonstrated," and the latter not to cheat yourself by the mere gingle of words that you were thinking logically. Translate what you say into the foreign words of another thinker and see whether he would know it, for true thoughts are not national but cosmically racial.

"Anasarcous Labor," page 1374, is a puzzle to me too. "Serum in the lungs" relieved by "lowering" the patient's



winner. What a comfort are warm feet, not too warm but just right. Many a doctor would profit by a Lehman heater for his car-

riage or sleigh. Personally I have never used the Abortion Curette advertised by Huston Bros. of this city. The theory, however, is

head" so as "literally to pour the serum out of her lungs." I fail to understand. Was that lowering in the supine position? That would only increase the dyspnea. Was it in the prone position, and does the doctor mean that she vomited up the serum? That is new anatomy to me. And again what does the doctor mean by a "malposition of the solar plexus?" The doctor's procedure was eminently correct, but etc.

The case seems to have been an abnormally large developed uterus and a corresponding abnormal quantity of liquor amnion, which in the prone position pressed the abdominal viscera against the diaphragm and it against the lung producing the dyspnea which was relieved in the erect position.

That Michigan doctor who writes "Summer Complaint," page 1375, is very correct in thinking this, and cholera morbus and croup to be the tests of the prominent efficiency of Alkalometry above all other methods. Our typhoid treatment is a test for its preventive or jugulating efficiency, but the other tests are those of the quick relief it gives.

"Pneumonia," by Dr. J. K. M., page 1393, appeals to my liking specially. The Doctor has caught the free spirit and basic principles of Alkalometry which moreover not only does not prevent him, but logically compels him to appreciate the rational use of nuclein. The human mind may never be given to know the *modus operandi* of any remedy, but the power of observation is given to many and the virtue of applying observation logically to practice should be practised by the many.

DR. E. M. EPSTEIN.

Ravenswood, Chicago.

I am sure every reader will enjoy Doctor Epstein's notes. His great erudition and wonderful experience in many countries and with many nations, the language of most of which he reads and speaks, and his great love for the CLINIC family and the principles of Alkalometry all enable him to speak as few can speak—knowingly, pointedly and withal as kindly as it is given to man to do.—Ed.

DON'T STOP THE CLINIC.

"I told you last year never to stop the CLINIC, and I will tell you again now. I appreciate it to the last degree and you shall always have your money."

J. M. H., M. D.

—, N. C.

QUININE CARBAMIDE MURIATE.

Our readers will recall Dr. Thomas' article on Malaria in the October CLINIC, and our inquiry as to how much of this special salt of quinine he used, and how it compared in strength to the sulphate. The Doctor replies as follows:

"I do not know how much alkaloid is contained in the quinine bicarbamide muriate, but we need to give it grain for grain with the sulphate—3 tablets of 3 grains each at one injection, adult dose."

N. G. THOMAS, M. D.

Apison, Tenn.

A GOOD LOCATION.

Dr. Frank Pollard, of Albion, Cal., in a personal letter tells us that he wants to sell his practice. Says that Albion is a saw-mill town with lots of business in it, a splendid place for hunting, fishing, boating and out-of-door life. All he de-

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good and if we could only have conditions patulous and favorable as their illustration indicates it would certainly be "great." It must,

however, do good work as it has now lived in the hands of the medical profession for several years and the practical doctor is a close

sires to sell is a few medicines, some furniture and one thing and another. A couple of hundred dollars will cover it all. Here is a grand good opportunity for some doctor who likes frontier life to get a good start and make some money. Those interested should address Dr. Pollard as above.

"I am in love with THE ALKALOIDAL CLINIC's clear note. It has a high pitch to it. The moral side is excellent, without flattering." H. K., M. D.
—, Cal.

ADRENALIN.

In our August issue, page 879, we made the following statement: "Death from Adrenalin is caused by paralysis of the respiratory centers." This would make it appear as though death had followed the administration of Adrenalin Chloride Solution in the human subject. So far as we know not a single case of the kind is on record. In experiments upon animals (and that was what we were talking about) death has occurred in the manner indicated from excessive doses of the drug, for Adrenalin in this respect acts very much like strychnine. In normal doses it is a respiratory stimulant and it only paralyzes the respiratory center when given in an overdose.

We make this correction in justice to the manufacturers of Adrenalin and because we consider this remedy one of our most useful drugs, provided it is given in the correct dosage.

"THE ALKALOIDAL CLINIC for August, 1903, is just superior to any medical journal I ever saw. Have been in

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critic. They also show first-class electric cabinets and carry a large line of general instruments and appliances—are one of our well-

practice nearly all my life (am in my 68th year) and have taken many journals from different points in the United States and the CLINIC heads the list and one single copy is easily worth a year's subscription. May you live to enjoy continued success in the future as you have in the past—shall ever be my earnest prayer."

A. J. H., M. D.

—, Ga.

THE DOCTOR'S WIFE.

Dear Doctor Abbott:

When my husband and I were first married I gave him a year's subscription to the CLINIC and the premium case for a Christmas present, that was in 1895. Since then he has never been without the CLINIC and has used hundreds of dollars worth of your alkaloidal preparations, and found them universally satisfactory. He has never dispensed his own medicines but prescribed to the leading drug stores where stocks of your goods were carried for his prescriptions, now, however, I have an idea that it will be more profitable and more satisfactory for him to dispense, hence this order.

We have read your letter on the co-operative plan with much interest. You have caught the idea of the age and the Doctor will be glad to join you not only to the extent of his purchases as proposed but with a small cash investment for which we will send check in a few days. My husband does a very large practice and uses your goods almost exclusively. I have made every year a year book of notes from the CLINIC which my husband says is most helpful.

I have made a personal letter out of this but the interest you have showed in

established houses. Wm. Warner & Co. still pin their faith in advertising to Pil. Antiseptic Comp. and Pil. Chalybeate Comp., having

my husband's sanitarium proposition and the more than kind personal interest Dr. Waugh has shown in my welfare when sick and distressed makes me feel as if you were not wholly strangers. Wishing you both many years of success in the good work you are doing, I am,

Very truly a friend to the CLINIC,
MRS. DR. J. R. M.

—, Texas.

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I have given the details of this letter for a specific purpose but before doing so I asked and received permission so to do and this is what the good lady says: "I have just received your pleasant letter which I read with interest and appreciation. The CLINIC has been always of interest to me. Its kindly spirit, which one must trace to the editorial personality has always appealed to me.

"Prejudice and bitterness usually arise out of ignorance or incapacity, and wise and kind are twin adjectives. I am long overdue something to the CLINIC pages and if you can use the hastily and I fear carelessly written letter I sent you, in any way that you think will help the CLINIC readers I would not refuse it. Of course you will take at least the geography and history of the personality out of it before making it public.

"Last year when my own severe illness and the intense grief of losing my first and only child drove us from the busy city life out here, Dr. Waugh's sympathetic interest and medical advice were invaluable to us. Indeed I feel in a sort of state of chronic obligation to the CLINIC and unless I bestir myself I fear the cumulative effects will make the condition incurable. The Doctor's whom we consulted advised for me absolute rest, but rest with me means work.

"The isolation out here would be complete to most busy city women but it is wonderful what opportunities the small town offers. I am busy now organizing a circulating library which for at least a year will demand my personal attention and I am also much interested in my drug dispensing scheme. It is indeed kind of you to extend my day of co-operative grace till Nov. 1st. I'll do the best I can.

"I will get the dispensing case as soon as I can. I wish you could close your office doors this afternoon and get in the buggy with my Doctor behind the best horse I ever knew for a drive over these beautiful hills. You might slip in your shot gun. I am sure my doctor would, for the woods and fields are full of fine fat birds now. I am a law-abiding citizen but a nice, old German told us the other day he had just seen a fine bunch of wild turkeys, more than 50 in number on his ranch and I should feel very charitable toward any man who broke the game laws under so severe a temptation. But I must get back to the drive. The roads are fine now, the air is keen and clear and a bit cool. The fields are white with open cotton and alive with cotton pickers. The hills are blue in the distance and near by varicolored—by the coming autumn, and the snug Dutch farm houses are fairly surrounded with bursting barns and hay racks. I am sure you would be rested and refreshed and would renew your faith that this is a good world and beautiful withal.

"Only in spirit though can we eliminate time and space. I dare say, however, if you brought home from your drive some fat plover and my little Dutch hired girl and I broiled them to a turn



learned by a rich experience that success is obtained by working along the line of the least resistance. These are but two of their

many good things. Our friends, the Helvetia Milk Condensing Co., present a most excellent brand of evaporated cream to which we give

and served them with fine fresh milk and butter and real Southern biscuit, you'd say you were quite reconciled to being yet in the flesh—and would take up to-morrow's duties richer by a pleasant memory. Please let me know if at any time you think there is any special thing I could prepare for the CLINIC.

"My Doctor joins me in good wishes."

—:o:—

Now, I will explain my purpose. It is that I may preach a sermon on Doctor's Wives—God bless them. For what is a doctor without a wife, a helpmeet. The better the wife, the better the doctor, and the more closely they work together, the more completely the doctor lets the wife into his business and into the inner sanctum of his practice, the more complete and successful will his life be. A doctor has to do largely with the women and children of his community; who, then, is or should be more able to help him or sympathize with him than his own good wife. Then again, if she is, as she should be, of the right kind, what a helper she can be. Just look back and see what this doctor's wife has done for her doctor. In the first place, which is not the least of the good things, she started him along Alkaloidal lines, second she has reduced CLINIC teachings for him to an epitome that enables him to use the gist of it in daily practice without having to hunt for himself, and I can just imagine, as my mind rests for a moment with this good couple and then wanders to my own personal experience, what a daily helper this doctor's wife is.

I once sent a letter regarding the CLINIC to "Doctor's Wives" calling their attention to the sample copy sent and asking them to suggest a year's subscrip-

tion to their husbands and I would not wonder if it was one of these letters that led good Mrs. M. to start her Doctor along the right track.

The CLINIC would be glad to hear from this couple again, something from the Doctor's notes of daily experience or a word of cheer from his helper or both, and I am sure there are many other good doctors' wives who have a message, if they would only give it to us, and I am sure you will agree when I say we should be glad to hear from them.—Ed.

"Some time ago I received the August number, which you kindly sent me as a sample number, which I read eagerly and found so much valuable information in it that I concluded I could not afford to do without it."

H. B., M. D.

—, III.

DERMATITIS FROM IVY POISONING

I will give to CLINIC readers a brief report of a case of dermatitis, the effect of Poison Ivy. The patient, a young man of 20 years, previous health good and of good habits. The inflammation was confined to face and neck.

The case is somewhat unusual for the length of time the dermatitis has continued. It first made its appearance July 7, 1903, and continued until September 22, 1903, before the patient attempted to go to his work and then only for two or three days at a time. Getting warmed up by work would bring on a relapse. There is an abundance of the weed in the neighborhood of the patient.

I have searched through the literature at my command and find but little per-

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our unqualified endorsement. We do not say it is "better than this or that or the other," that is not necessary. We say it is good and

we know it. Evaporated milk and cream, especially cream, are among the great blessings of modern civilization. If one-half that

taining to this form of dermatitis nor any explanation of how or why such slight exposure will produce such painful results.

There were no blisters formed. It began with redness and intense itching with some swelling followed by profuse weeping which continued until healed. The patient was kept in the house for two weeks at a time when the inflammation would disappear and the face be nearly healed. On going out doors it would at once break out again and continued in this way until cold weather and frost came on.

For treatment in the severe inflammatory condition I used locally Antiphlogistine following with solution of lead acetate and nuclein solution alternating with dermal powder and vaselin to loosen the crusts formed. Internally frequent doses of saline laxative and calomel.

C. M. C., M. D.

—, Illinois.

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No doubt the perversity of the case was due to re-poisoning. Rest and quiet and seclusion from fresh exposure is an essential part of treatment. Who has tried washing with fresh lemon juice in recent cases and with what results?—Ed.

"Please note this postscript—The journal is worth five times what you charge for it."

J. A., M. D.

—, La.

OEDEMA OF THE GLOTTIS.

History from patient as follows: Born in Michigan, age 19 years, always en-

joyed good health until September, 1899, when while breaking on R. R. was suddenly attacked with sore throat about 6 a. m.; by 10 a. m. throat began to swell and by 1 p. m. the swelling was so great as to threaten asphyxia. At this time a physician arrived and punctured something in his throat, but without relief. Suddenly the patient lost consciousness, and the physician opened the larynx with his pocket-knife (it being all the instrument he had at hand); he then held the wound open until a tracheotomy tube could be secured and placed in position. Patient remained unconscious about seven hours and was very sick for fourteen days, during which time he had more or less fever; the first three or four days it ran very high.

After fourteen days the tube was removed and the patient left his room for a few minutes at a time for three or four days, when he was taken worse. His throat was much swollen and the wound was discharging a foul-smelling pus. About this time he noticed the skin peeling off of the fingers, also that of his brother's fingers and hands. The physician not having diagnosed the case up to this time, now declared it "scarlet fever." At this time the patient was discharging a dark, foul-smelling urine, and his hands and feet were swollen to enormous size. Specific gravity of urine 1010 to 1008, throat and muscles of neck swollen and wound sloughing. This sloughing no doubt is what affected his voice by impairing the function of the vocal cords. His voice is still so much impaired that he cannot be heard more than ten or fifteen feet away.

After about four weeks more of suffering he was able to leave his room, and gradually improved except at intervals

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is said of it is true, the new wood derivative, Pyroligneine, is a remarkable preparation. As a precautionary measure, we would advise its

advertisers to claim less for it, for in claiming so much, although they may be absolutely right, they are apt to stampede the conserva-

of four to six weeks, when he would have attacks of his hands and feet swelling. This was particularly the case if he exercised violently or became excited.

This condition existed until March, 1903, at which time he concluded to come west with the hope of receiving some benefit. He stopped in Spokane, remaining with an uncle a short time. He came to Prosser the latter part of March and engaged as clerk in a store.

April 13th I was called to attend him in great haste. At 6 p. m. found him walking the floor very much distressed and breathing hard. As I entered the door he said: "My God, Doctor, do something quick." I had no time for examination as the expression of his face and labored breathing showed imminent signs of asphyxia. My office being less than a square away I lost no time getting to it, and gathering instruments, case and some rubber tubes (stomach tube) I hastened back. It could not have been over three minutes' delay. I found the patient lying on the floor unconscious, and in a complete state of asphyxia. I at once opened the trachea and inserted the stomach tube (I had no tracheotomy tube). This let air into the lungs and he soon revived, but owing to blood and mucus in the trachea the tube became clogged, and he suddenly collapsed and ceased breathing. This time the heart failed to act and I thought him dead. I introduced another tube, which I had very fortunately gathered in my haste. This admitted air and by lowering the upper part of his body and head well, we succeeded in getting rid of much blood and mucus, and after some little effort at respiration the lungs began to act.

In about eight hours we succeeded in

getting a tracheotomy tube from a nearby town, and placed it in position, after which the patient did nicely. The next day I took him to Spokane and placed him in care of Dr. J. Sutherland, as we had no nurse or place to give him proper care. In two weeks he returned to work, but at intervals of about six weeks he would have attacks of his hands and face swelling, also the feet. The swelling was never attended with pain or soreness and would usually subside in two or three days.

July 26 about 11 p. m. he called at my residence to consult me about his throat. It was swelling. On examination I found the epiglottis slightly swollen, the mucous membrane engorged and some swelling of muscles. Gave a gargle of saturated solution tannin, and the following:

R Calomel, ipecac et soda tablets,

Calcium iodized tablets, aa No. 12.

Sig. One of each every half-hour until six each were taken. In three hours follow with salts and then resume as before.

My treatment was too slow. At 1 a. m. he again called at my residence and seemed much worse. The epiglottis was almost as large as a quail's egg, and almost transparent. I do not know why I did not puncture it at this instance, but it did not occur to me to do so. On the contrary I attempted to introduce O'Dwyer's tube, but failed, and seeing my patient was becoming rapidly worse and asphyxia threatening, I performed tracheotomy with a Huston's bloodless tracheotome. I wish to say the little instrument is a success, and every physician should have one. This gave immediate relief. In 20 minutes he was lying down resting as peacefully as in

tive investigator who is inclined to relegate articles bolstered by so many claims to the "fakish class." We do not, however, believe

that such is the case with this preparation and should be pleased to know from those competent, by virtue of experience to answer,

health. I removed the tube in 24 hours and in three days he was in the store. I gave him treatment for several days and he was feeling so well that he neglected it for a while.

August 15 he consulted me again concerning his throat. I found very similar conditions to July 26, only not so rapid in action. I gave same prescription of tablets, also steaming with iodine, vapor inhalation, and hot applications to neck. This was in the morning. About 11:30 p. m. he became worse and called me. On arriving at his room I found him sitting with chin elevated, but breathing comparatively easy. Examination revealed glottis much swollen, but indications of slight absorption going on. I assured him there was no danger as long as he remained so easy, and that probably the swelling would entirely subside. My presence seemed to give him confidence and he consented to let well enough alone as long as I would remain with him. In about one hour I induced him to lie down and when he found he could do so and still breathe easy he was much pleased and glad of the privilege. Was then giving following:

R Fl. ex. Gelsemium.....
 Aconite, aa.....gtt. 24
 Wateroz. 2

Sig. One-half teaspoonful every 20 minutes. This we kept up for three hours, when he fell asleep and rested nicely until 5 a. m., when I left him. His recovery was uneventful and in two days he was up and at the store.

On account of his condition disqualifying him for business much of his time, being among strangers with no facilities to care for him in sickness, and his fear

to be left alone when sick, I advised his return home, and acting on my suggestion he left for Bay City, Mich.

Now, as to the pathology of this case, I have given as clear a history as my knowledge of the case will permit. But little is written in books concerning oedema of the glottis, and all that I have been able to learn is where it is due to trauma, tonsillitis, diphtheria and scarlet fever. This is certainly one of those intricate cases which appear as sequels. In this instance I am led to believe it due to uremic poisoning and septic infection from the wound. This poison, acting upon the nervous centers, manifests its presence by a sudden infiltration of serum into the mucous and serous tissue. As long as the kidneys are sufficient to eliminate this excess of poison, everything is in harmony, and when the secretion exceeds the excretion the poison is thrown back into the absorbents with the results shown. In this case the scarlet fever was the remote or exciting cause. I examined his urine before, during and after these attacks, and found the specific gravity to range from 1022 to 1025, acid, color amber, quantity normal, odor ammoniacal, with chlorides and phosphates in abundance. No albumin or sugar. The highest specific gravity and most abundant chlorides and phosphates just followed the attack.

It occurs to me that these elements when in excess act on the nerve or special centers, much as certain kinds of fruits or foods act on the gastric centers when taken into the stomach, causing hives and many forms of urticaria. I would like to have an expression from the profession in regard to this case, if



whether it has been found to substantiate the claims made for it or not. A great deal is yet to be known of the turpentine series.

When American investigators give one-tenth of the time to the development of our own resources that the German has given to the

from these rough notes they can gather sufficient information to enable them to offer discussion.

DR. C. C. McCOWN.

Prosser, Wash.

—:O:—

I thank you, Doctor, for your very interesting paper, which I will have copied at once for use in the December CLINIC. I trust it will only be the beginning and that we will hear from you again.—ED.

"I must say that THE ALKALOIDAL CLINIC is the peer of all journals. It has been my guide for the past eight years.

C. N. P., M. D.

—, Tex.

DO OTHERS AS YOU WOULD HAVE OTHERS DO YOU.

Old Doctor Smart, who knew it all,
Skimmed all the journals through,
And even read the CLINIC some—
Perused the footnotes, too.

"No use to bother," quoth our seer,
"With that alkaloidal tribe;
I'll always use the old-style drugs
As long as I prescribe."

"What care I for *cito tuto*!
If my patient lingers ill,
It gives me a *jucunde* chance
To make a bigger bill."

Alack, alack! Old Doctor Smart
Got sick and sicker grew,
And a dozen old-time doctors came,
Each guessing what to do.

They vowed that fluid extracts or
Decoctions were his hope,
And they puked him and they purged him
With all sorts of nasty dope.

Despite it all, he weaker, but
A great deal wiser grew,
Till he made a resolution
And decided what to do.

♥ ♥ ♥ ♥ ♥ ♥ ♥ ♥

work in the coal-tar series, we shall have results infinitely better. "Pixine" is along right lines and we sincerely trust that the Troy

He called an Alkaloidist in,
A doctor, up-to-date;
He took the little granules and
Got well at *cito* rate.

Now he buys the little pillets,
He's an Alkaloidist, too;
Doing always unto others as
To himself he'd have them do.

A. D. BUNN, M. D.

Humphrey, Ark.

"You will notice I have been a constant reader of your journal for years—it is the most practical on my desk.

K. S. B., M. D.

—, Ia.

CHOLERA INFANTUM.

Definition: An acute disease characterized by high temperature, vomiting, purging and collapse, which is dependent on inflammation of the gastro-intestinal tract and disturbances of the sympathetic ganglia.

Etiology: Dentition, hot weather and faulty feeding are the chief factors. Quality and temperature of soil.

Symptoms: Following a period of restlessness, abdominal uneasiness and an elevated temperature, the patient vomits, then serous and musty stools with an alkaline reaction, are the chief signs. Just at this writing a patient has been treated where the movements of the bowels have been very serous, where the diapers have been stained with very little fecal matter. The temp. was 104° F., extreme thirst, pulse accelerated, marked ejections of food, eyes sunken, face presented a waxlike appearance, semicomatose condition, pupils unequal, marked twitchings of legs and arms, which the mother thought was "chilliness."

Chemical Co., its promoters, will receive the attention from our readers that the merit of their field justifies. Pabst Extract Laboratory

Prognosis: Grave. Mortality of artificially fed children, 93—95 per cent. Death generally results in 1—3 days.

Treatment: Clear out the tract by broken doses of calomel and sodium bicarb. Wash out the stomach with weak solution of sodium bicarb., a dram to the pint.

Stimulants, Bovine, Sanguiferrin, strychnine, brandy, or aromatic spirits of ammonia, are required early.

All nourishment to be withheld for 20 hours, when the vomiting will have ceased.

Opium is used by many writers, but should be withheld until the canal is cleaned out, when 1-100 gr. morphine and 1-900 atropine sulphate can be safely given to a child one year old, and can be repeated in one hour for a sedative effect.

Cecil, *Amer. Pract. and News*, June 15, 1898, says atropine controls the depression and purging.

Baily, July 1, 1893, says atropine may be given in nearly adult doses to children a few months old, who bear it well and it works wonderfully.

For heart failure use strong coffee, hot or iced, or injections of hot water into the bowels through a long tube, to which may be added brandy or laudanum.—Jacoby, '96.

Potassium bromide lessens the shock and stops the transudation of serum, thereby checking diarrhea and vomiting.—Brown, '96.

For pyrexia use cold baths.

Loin, *British Med. Journal*, '97, says, in children six weeks to three months old, use subcutaneous injections of normal salt solution, in doses of 14 drams twice daily. After the second in-

jection notice the frequency of stools diminishing and in a few days patient's recovery.

DR. E. F. BENNER.

Salfordville, Pennsylvania.

"IODIZED CALCIUM."

I have had excellent success with iodized calcium in croup and croupous conditions. I have used it for 12 years. Couldn't you put about 1-40 of a grain of pilocarpine into each tablet when you make them again.

I. A. M., M. D.

—, Missouri.

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We are pleased to note your successful use of iodized calcium in croup. Your suggestion on pilocarpine is good. We would not, however, think it advisable to include this in the same tablet, as many times you would want to use the iodine tablet for some purpose where the pilocarpine is not indicated, and when pilocarpine is indicated it may easily be added. The thought is good. We believe in thinkers. Keep them coming.—Ed.

"I don't see how you can get it up for one dollar. I get more than a dollar's worth out of it every month."

DR. S.

—, Okla.

WHOOPIING-COUGH.

I have just passed through an epidemic of whooping-cough, and have to record the phenomenal success of having "broken up" every case within 36

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says all that is necessary to be said in their very excellent ad in this issue. They tell the whole story and it is for you to approve or

disapprove. Fitchmul is another effort to bring the turpentine class into line, so that the doctor may have the benefit of it in a

hours after commencing treatment. The cases treated represented every variety and stage, except that none was of longer duration than two weeks.

This result may be attributed to coincidence, or "pure old luck," but call it what you may, the cases which have not been thus treated are still making "music in the air," and vomiting in the usual manner.

Here is what apparently did it:

R Calcium sulphide.....gr. 6
Hyoscyamine amor. granules 7
Wagh's Anodyne " 24
Syrupoz. 3
M. Ft. Sol.

Sig. For a child 5 years old a teaspoonful every hour or two during waking hours, and after each paroxysm at night.

Spray the throat and nose each six hours with "Euarol," after cleansing with soda water or glycerin and water.

Of course a saline was given to evacuate and regulate the bowels. If this treatment fails to "break up" the worst case in 36 hours, I want to know it.

D. ALLEN, M. D.

Guertie, I. T.

—:o:—

I am pleased to hear of your fine results, but they are not a bit better than I would expect from you.—Ed.

CERVICAL GLANDS: TREATMENT.

I wonder if your readers all know the value of "Calcium Iodized" and Nuclein along with a good saline (I prefer Salithia) in simple glandular enlargements, especially of the cervical region? These are usually due to some form of

autoinfection and will, as a rule, yield readily to Calcium Iodized two grains and Nuclein solution three to five drops in capsules, one at ten a. m., three p. m., and bedtime. This, provided the bowels are kept in good shape and the tongue clean by the use of saline. Sometimes it is necessary to add a few good doses of calcium sulphide. I have had almost marvelous results from this treatment and even if actual suppuration has started it will do more towards bringing about resolution than anything else I know of.

DR. C. M. C.

—, III.

—:o:—

Calcium Iodized is all right. It is now being successfully used in fibroid and is being tested in hospital work on a series of cases that will be reported in the CLINIC later. We have no doubt of the favorable character of the results.—Ed.

ENLIGHTENED.

After a busy season to date I find time this eve to write a few lines and say, God bless the Alkaloids and the manufacturers thereof. I have for two years now been using them, with the Intestinal Antiseptics, and my patients live. I will in future use more of a variety. I have had to go slow, having been in the old rut so long it was hard I found to get out. Now I sigh with a sense of relief and reassurance. I believe that I can be of some benefit to suffering humanity, where before I have groped in darkness and uncertainty.

For croup I now call the calcium iodized my "Specific." It will cure. I

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pleasant, dependable form. I do not like the name, but if the product is good that is all that is essential. The idea in this preparation

is such as we have many times demonstrated to be the right thing. The Manola Company of St. Louis, want us to think they have dis-

have snatched a few babes from the grave almost, by administering it in time.

When I first began practice I was orthodox to the core, and believed that an Eclectic or a man that would think, or any other kind except an old-time "Allopath," should not be permitted to practise. I had friends who believed the same. They have changed. I have changed. The mist has blown away. We are now entering into and beginning to enjoy a new era in medicine. Long live the reformers, and let the noble and grand work progress until the pinnacle of fame in medicine and therapeutics is reached.

J. A. ROBERTSON, M. D.

Fordyce, Arkansas.

BEFORE AND AFTER.

"Gee Whiz! Ooch! Great Scott! Oh, this pain!
Doctor do help; I'll freely give
All I've got. Ooch! (don't let me die)!
For relief—Ooch—and just to live."

The honest doctor in good faith,
Put forth his skill and truth to tell,
Soon his remedies did the work,
The pain was gone, the patient well.

"Mr. Smith, I'm hard up; can you
Not pay me what you owe? 'Tis true;
It's two years since and I had thought,
Perhaps you'd settle it, when due."

"Owe you? What for? Oh, I recall;
I got "skeert," my courage failed me;
You're called; I'd got well just the same,
Without your help. 'Twasn't much ailed me.

"Let's see: There's that forty to square,
My farm some pigs to save, the "mass,"
Some debts to pay; and then I've got
To buy some calves to eat the grass.

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covered the spring of perpetual youth, beside which, perchance, Rip Van Winkle slept to his reawakening. Well, perhaps they have, who

"No; can't today; I'm busy now;
When I get time, perhaps I'll call,
And see you; just when that will be
Can't say; might be this coming fall."

DR. H. C. BARNARD.

Charleston, Ill.

"THE ALKALOIDAL CLINIC is the best medical journal not in the United States but in the world. As my subscription is overdue, I do not want it stopped, so must hurry it along."

J. S. K., M. D.

—, Pa.

TETANUS ABORTED.

While I suppose of course, your oft-repeated invitation to send in reports of cases is intended for the "Big guns," perhaps this from a "high private" will show a willingness to give as well as take, if nothing more.

Mrs. C., aged 41, in perfect health, while leading her horse from the surrey to the barn, stepped on a nail in a board, which was partly concealed by the litter, the second day of last September. The nail passed through the sole of her shoe and entered the foot about an inch back of the joint of the second toe, requiring considerable force to remove it. Thinking but little of it, since it did not bleed and gave scarcely any annoyance from pain, she applied turpentine at once and repeated this several times during the next few days; the puncture not healing, but the pain was so slight she almost forgot it. About two weeks from date of injury the foot commenced to pain her so much that she had to remove the shoe, and kept the foot on a pillow in a chair all day.

I saw her in the evening and found

knows? It is easy for you to test, for the aged, by reason of exhaustion as well as years, you always have with you and Manola

the following condition: Wound red around the puncture, no swelling or soreness on pressure, the opening closed by some dark substance, perhaps dried blood; this I removed, opened the wound and ordered a warm pediluvium.

There were sharp, shooting pains running from foot to groin every few minutes, attended by light spasms, or as she expressed it, a drawing of the muscles in that limb and side; while there was a feeling of stiffness through the whole body, the pains being so especially.

Believing I had incipient tetanus to meet, I at once prepared and gave the following, which was repeated every two hours till effect:

℞ Morphine hydrobromate.gr. 1-4
Cicutine hydrobromate.gr. 1-15
Camphor monobromate.gr. 5

In hot solution.

One grain of pure crystals carbolic acid was dissolved in 60 drops of sterilized water; 10 drops of which was injected deep into the tissues, every hour, commencing near the foot and following the inflamed nerve to the groin, where the last was injected. Echinacea in full strength was applied on cotton to the wound, while the foot and lower limb were enveloped in absorbent cotton saturated with a 25 per cent solution of the same, and a bandage loosely applied.

At the end of 12 hours all pain and spasm had ceased, patient resting fairly well all night. The stiff feeling and soreness were quite marked for a day or two and then yielded as she fully recovered, all being gone in three or four days.

If my diagnosis was correct it is the fourth case of tetanus I have met in my

practice, all of which recovered; but this is the first time I have given the above treatment. It proved so very satisfactory I believe I would risk it again in this disease.

In looking the thing up since, I see my treatment was a combination of Castro's and Baccelli's, and I may have gotten the idea from them, but was not conscious of the fact at that time.

H. C. BARNARD, M. D.

Charleston, Illinois.

PROGRESSIVE MUSCULAR ATROPHY.

I have been a reader of the CLINIC the past six years, and much valuable information I have gotten from its columns. It is a miniature monthly cyclopedia, coming to the busy doctor in such form that gives him little or no trouble in finding which is helpful to him in his daily work. My library would be incomplete without it.

While I have not had such unbounded success with the alkaloids as many members of the CLINIC family, I must confess that a majority of them have proved very successful in my hands, and if I had as much faith in the little pills as Sir Thomas Lipton had in Shamrock III, I would have cut loose ere this from the galenic moorings and launched my craft on the alkaloidal wave, that seems to be fast sweeping the medical seas of the civilized world. But many of our patients have to be educated, and in this we are more or less handicapped, as some of them think if we do not issue to them a large quantity of nauseous medicine we are not doing anything for them. It is amusing to hear them say:

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is easy to get. The Etna Chemical Co., of New York presents a very strong ad, an ad which leads one to think of the great damage

to the American people by the indiscriminate use of coal-tar derivatives. Their name is legion. Phenalgin is claimed not to depress

"If the medicine does not make you sick it won't do you any good."

The several pages of August CLINIC devoted to "Summer Therapeutics" was a helpful addition, and to this department I would like to offer a suggestion, if it be not out of order. In conversing with some of the fraternity I notice that our pronunciation of some of the alkaloids are at variance. Now I think it would be a good idea to devote some space in the CLINIC to the marking and pronunciation of the alkaloids, in the order of a dictionary. It would be a great aid to young students and not a bad thing for some of us older fellows.

I wish to report the following case, not for its rarity as a disease but for the purpose of eliciting information from the CLINIC family that will give me a nucleus from which I may deduce a treatment that will prove beneficial.

F. B., a farmer, age 30, average weight 150 pounds, five years ago average weight 180 pounds, family history negative, never had any sickness, appetite good, sleeps well and all the eliminating organs normal, came to my office for the purpose of consulting me in regard to a diminished size of his left lower limb. On examination I found the left lower limb two inches smaller in circumference than the right, and since November, 1902, both lower limbs have diminished one-half inch in circumference. There is a constant twitching of the muscles, and on walking much a dull, heavy pain and weakness of limbs. I have called it "Progressive muscular atrophy." If from this brief outline of the above case some member of the CLINIC family can give some help it will be greatly appreciated. I would especially like to have the

opinion of the editor. Long live the CLINIC, the best of journals.

W. D. CONN, M. D.
Bainbridge, Indiana.

—:o:—

Much obliged to you, Doctor, for your very pleasant letter which we have read with appreciation. Patients are easily educated to alkalometry, Doctor, because they appreciate quick results and the saving of suffering and time. Suppose you send us your suggestions as to pronunciation in order to open the subject.

Your diagnosis of that case seems to be probably correct. Rub his legs with lanolin every day for a month, and I am pretty sure you will find them increased in size and strength.—Ed.

ASCITES.

He has been tapped 4 times; first three the fluid coagulated; clear as water. Eight days previous to last tapping began giving Anasarcin, and at the fourth tapping the color was different and the fluid did not coagulate on cooling. Some chemical change had been caused in the fluid by the remedy. The last tap yielded 2 gallons, the others 3 gallons. Patient gains strength, walks one-half mile a day; lives on limited diet. Took glonoin gr. 1-5 every two hours, 8 times a day, for a week; no good. Croton oil 6 drops 2 doses an hour apart, 3 days in succession, good results, no complaint. Elaterin gr. 1-5, 2 doses mornings, bowels right. Theocin is the best diuretic yet. Intervals between taps are further apart, patient hopeful.

GEORGE MOTT, M. D.

Warren, Texas.

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the heart. If it is true that it does not as we hope, it is a good thing. Have you tried Anasarcin in a case of dropsy? cause trouble

with the heart, kidneys, or both. It is said to produce almost marvelous results. Samples are offered by The Anasarcin Chemical Co.,

Now, Doctor, whatever else you do in any case of dropsy, make this the basic principle of your treatment, that if he takes in more water than he puts out he cannot possibly get better. Reduce the amount of fluid he takes to the lowest possible quantity, or you cannot cure your case.—Ed.

PANCREATIC DISEASE.

Mrs. H., age 25, height 5 ft. 8 in., weight 115, formerly 135, dark complexion, mother of one child. Twelve months ago she complained of a sensation of weight in the region of the stomach.

Palpation revealed a hard mass one-half inch above and to the left of the umbilicus, slightly movable and producing an uneasy feeling when touched, which the patient said was not pain but disagreeable and hard to describe. She said she was not sick enough for medicine, and I did not hear from her for six months, when she returned and complained of some pain in the stomach, loss of appetite, and a morning diarrhea. She would have from three to five operations before 10 a. m., and no more until the following day.

I gave her a course of calomel followed by a week's treatment of strychnine and hydrastis. Some improvement ensued but the diarrhea continued and in a few weeks undigested fat began to pass, and has continued to the present time. We stopped fatty foods for a time, which lessened the excretion of undigested fats. We gave pancreatin and oxgall with no effect, combined or singly. We then gave Elix. Calisaya, iron and strychnine, under which her appetite returned; and she feels well,

only annoyed by the diarrhea and the knowledge that something is wrong. She has no pain and the tumor is smaller—can hardly palpate it. The left lobe of the liver seems enlarged and can be plainly felt across the upper part of the epigastrium.

I gave the pancreas credit for the mischief, complications probably reaching the liver. She has had two attacks of rheumatism she says, two and ten years ago.

J. R. LOVE, M. D.

Zenas, Indiana.

—:o:—

In American Alkalometry, Vol. I, is a sketch on pancreatic diseases by Dr. Comfort, and in Vol. III a most valuable one translated from the German.

Evidently the pancreas is at fault, and at her age it ought not to be a cancer; and besides if it were such, the tumor would not have become smaller. I do not see what you can do in this case, Doctor, except limit her diet as you have done, keeping her bowels clear with a morning dose of Salithia, and aseptic with about seven Intestinal Antiseptic tablets a day. In the meantime restore her strength by the use of the Triple Arsenates and Nuclein also seven tablets a day.—Ed.

INTESTINAL ANTISEPTICS.

The September CLINIC just at hand. You say some true things in your editorial on "Quacks." We are all too prone to "therapeutic nihilism." We often hear doctors telling the "bread-pill" joke. No doubt, if a doctor does not understand his remedies or uses them in uncertain dosage, it would be better for his patients if he confined him-

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Winchester, Tenn. The Marvel Syringe is a marvel for one thing—the business it has built up; and in order to build up such a

business it must be a good thing. The theory is attractive and if the patient is pleased and benefited and the doctor satisfied it is all

self to bread pills. But if drugs are properly understood and handled they can be used to the satisfaction of both doctor and patient.

For a long time I had indifferent results in all of my cases of intestinal trouble. I could not promise my patients much until I began to study "Intestinal Antisepsis," and began to use the W-A Intestinal Antiseptic tablets. Since then I have ceased to doubt the power of drugs to cure. It is only a question of properly selected remedies. The report of the following cases tells its own story:

Case I. Mrs. O., age 50. Gave a history of chronic dysentery for the past ten years. Had a good deal of pain in region of left ovary. Had been told that she had ovarian neuralgia. Had rectal tenesmus and passed great quantities of mucus. There was a great deal of bloating all the time. I began treating her with various pepsin compounds, bismuth and salol, but with little results. After a few months of this kind of treatment I began with the sulphocarbolates in the form of the W-A Intestinal Antiseptics, with the result that all of her symptoms improved. The pain in the region of the ovary disappeared, the attacks of dysentery came less often; there was no more bloating, and no more mucus stools.

Case II. Mr. H., age 35. Gave a history of chronic indigestion. Had a great deal of bloating and distress after eating. As in the above case I tried all kinds of digestive mixtures with little improvement. Then I gave the sulphocarbolates a trial, with an entire disappearance of all the symptoms.

I could go on and give many other cases like these, but to sum it up, I

would say that I find the W-A Intestinal Antiseptics helpful in all cases of intestinal troubles, and that a pain around the left ovary is not ovarian neuralgia but more likely is an inflamed, overloaded sigmoid, that needs to be cleaned out, and healed up with a proper laxative—W-A Intestinal Antiseptics.

Again, they will always help the diarrheas of infancy. Give them dissolved in lactated pepsin. This will cover the taste and the children will get well so quickly that those who have never tried it will be surprised.

D. W. H., M. D.

—, Wisconsin.

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Much obliged to you, Doctor. I wish I knew how to get all of our brethren to simply give these things a trial. They are the most stubborn of men.

POST-PNEUMONIC DROPSY CURED.

Mrs. W., married age 27, was stricken with pleuro-pneumonia in right lung, March 26, 1900, and under the care of Dr. R. became convalescent in six weeks—old expectant way of treating pneumonia. Convalescence was slow and when she began to sit up she noticed her left limb from toes to knee badly swollen, numb and very painful. So bad was it that her physician advised two weeks more in bed. When she did get up the same condition obtained with varicosities which were never present before.

In June, 1900, they called in Dr. B., who saw her a few times when here in this place, but her condition remained unchanged.

September 30, 1901, they consulted



right. The CLINIC has the honor accorded to few journals to carry the ad of Truax Greene & Co. See this issue. The Finsen Light is a

wonder and the physician who is situated so he can use it should not balk at the price. The modern physician is coming to think

the with regard to her leg, which was swollen, cedematous, cold and numb to midway between knee and hip-joint. I treated her for two months, visiting her in all eight times. She had improved so much that she discontinued treatment and I saw her no more until I was called again to see her May 18, 1903. I examined her very closely this time in all details. Ever since she had pneumonia there had been more or less pain in the region of her right shoulder-blade; sometimes radiating down to the arm. By inspection the left side showed more expansion; auscultation and percussion showed that fluid flowed into the right pleural cavity, for on changing her position there was change in percussion note and no respiratory change present, so I am positive of fluid in that cavity.

Heart was found to be feeble and dilated badly to the right of sternum, and by auscultation I found valvular insufficiency which accounted for the venous strain and dropsy at the time.

Bowels constipated, complete anorexia; abdomen, arms, hands, lower limbs and even forehead cedematous, and the patient was all the time trying to get a long breath. She passed less than half a pint of urine in the 24 hours, s. g. 1032, loaded with phosphates, slight traces of albumin on first examination. Next examination a few days later showed it to be loaded with albumin. Why the woman allowed herself to go on this way, growing worse for several months, I do not know; but she did and such the clinical dictum of the case. When I took her case on March 18, 1903, the treatment and medication I used were, first, opened the bowel freely; second, relieved the dropsy; third, opened up the kidneys; fourth, gave proper nutrition; fifth,

established cardiac compensation. I gave her 8 grains of calomel and one grain of aloin at bedtime and opened her bowels wide. "Clean out and clean up," *a la* Abbott. I left some $\frac{1}{4}$ gr. aloin tablets to be taken, two each night at bedtime, for the dropsy and heart Anasarcin tablets, one every four hours, with two tablespoonfuls of Epsom salts every other morning before breakfast. Milk diet for a month, and "I. A. and S." tablets, four a day to act on the heart and build up the blood.

She weighed 165 pounds at the time we commenced in March, and now today (June) she weighs 135 pounds, is plethoric, and passes better than three pints of urine daily. No albumin, appetite capricious. Does most of the work for a family of fourteen, keeps a boarding house. There is no dropsy except a slight swelling of the left limb below the knee. This limb I have her keep bandaged with a soft bandage, made of flannel three inches wide and "cut bias" to give it the greatest amount of elasticity. The heart is compensating finely and dilatation is almost *nil*.

If you can beat this, gentlemen, with any other remedy I want the knowledge to use in future cases. I have a bigger "star" case for you later.

W. A. P., M. D.

—, Maine.

PUERPERAL ECLAMPSIA.

Permit me to give my views on the management of Dr. Stamper's case of Puerperal Eclampsia, page 915, August, 1903. Mental anguish and "help" are avoided, by those medical men who feel competent to handle such cases.

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more of what he can accomplish through better facilities and more instruments and appliances and that is as it should be. The

ancestral foundation of all the liquid antiseptics before the medical profession is Listerine; happy in name, happy in formula, and

His first procedure should have been to have taken about three pints of blood from that woman's arm, while she was reclining, then follow with large doses of veratrum viride.

The uterus and its contents should have been severely ignored and left untouched.

Delivery and anesthesia were only loss of time, as subsequent convulsions showed. His effective treatment was morphine injections and the enemas. His saline treatment was good, but large frequent doses of compound jalap powder, with powdered blue mass, would have been better. This woman's escape was extremely lucky.

Always carry a sharp-pointed bistoury, so you can perform venesection at any time in eclampsia or coma.

See article in former number of THE ALKALOIDAL CLINIC by the writer.

W. J. C., M. D.

—, Maryland.

"I have been practising medicine twenty-six years, active, hard, country work. During this time I have been a subscriber for—never less than one—usually three medical journals. I am sure THE ALKALOIDAL CLINIC has been worth more to me in my practical, everyday work than any of them."

C. M. T., M. D.

—, Ill.

HYOSCINE.

I cannot agree with the article in the CLINIC of September (page 960), in which Dr. Crothers is quoted as saying: "I have made several tests with hyoscine and always with bad results."

I do not believe that the delirium mentioned as lasting two months, or the "mental derangement necessitating confinement in an asylum for two years," was due to the hyoscine, but to the shock and nervous depression resulting from the sudden withdrawal of the drug; and the delirium or insanity would in all probability have resulted from its withdrawal without the administration of the hyoscine.

I have used hyoscine with very satisfactory results in a good many cases, and have never had any bad results follow its use. It has enabled me to withdraw the morphine without suffering, in every instance where I have used it; whereas the suffering was intense in cases where I did not use it. In fact I have often found it almost impossible to withdraw the drug entirely without it.

I have tried both ways, and if I were a patient I should take my chances with the hyoscine rather than without it. I have reference to the withdrawal period, and I doubt if there is any difference in the subsequent treatment, whether the hyoscine was given or not.

If anybody has anything better, or even "something just as good" let us hear from him.

Dr. Dreuck gave us a very learned disquisition on the subject of hemorrhoids (page 1085), but forgot to say anything about the treatment. Let us have another article from the doctor on his mode of treatment.

H. O. W., M. D.

—, Indiana.

"There is no better common-sense journal published." J. E. R., M. D.

—, Ill.

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happy in time of birth. It has been, is, and ever will be, first and foremost in this field. The Lambert Pharmacal Company is to be

congratulated on its success. A ride over the Monon Route and a week at French Lick or West Baden springs will rest the weary

AMONG The BOOKS

This month has brought a rich freightage to the reviewer's table. The great publishing houses seem to be competing to see which can turn out the best and largest number of works so good that the doctor simply must have them.



The Woods present a laboratory guide in urinalysis, by Witthaus, now reaching the fifth edition. It is replete with the latest information on reactions and chemic and microscopic manipulations. Price \$1.00.



Next we pick up the Year Book Publishers' August volume, on *Physiology, Pathology, Bacteriology, Anatomy, Dictionary*, forming Vol. IX of the Practical Medicine series, edited by Prof. Head. Recent, extensive and comprehensive. Especially the pathology and the dictionary of new medical terms. This series must be doing good work in furthering scientific medicine. Price \$1.75. Likewise they have sent us the second edition of Cabot's *Physical Diagnosis of the Chest*, an excellent guide for the student, and a welcome consultant for the practitioner. Price \$2.50.



The same firm also presents *Baruch's Hydrotherapy*, the second edition. There is a certain attraction about the idea of curing disease with medicaments. When

we use any of the non-medicinal methods the wonder vanishes. But to affect the big, sick human body with an agent less than a ten-thousandth of its bulk, seems astonishing to the uninformed and to the profound thinker still more so. To the former it is akin to witchcraft; to the latter it means a force which he recognizes but vainly endeavors to comprehend. Surely not produced by a matter but more likely producing it. Then the convenience of pharmacal medication is a consideration, especially if of the alkalometric form. But this charming method with bulkily small medicaments is not always or with everyone successful. It may be necessary to affect the circulatory and nervous systems largely, and water, cold or hot, applied to the extensive vascular and nerve area of the skin affords the best opportunity for this. Difficulties and prejudices are encountered in its application in private practice, and these appear great, greater and greatest, in direct ratio to our ignorance of the scientific manipulation. And thus a grand therapeutic weapon is left unutilized by the general practitioner, and in the hands of the "water-cure" specialist—too often a crank unfit to be entrusted with any but the simplest cases. These difficulties vanish when the book before us is perused. The author is a scientific and practical authority in hydrotherapy, and his book may therefore be-

come a real boon to any physician who will take time to study it. Price \$4.00.

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From Blakiston we have Vol. VIII of Cohen's system, in *Rest, Mental Therapeutics and Suggestion*, by Dercum. This is a very important number of the series for the practitioner, since it treats of fatigue, neuroses, neurasthenia, hysteria, hypochondria, chorea, and other nervous maladies, functional and organic, and their treatment by rest. The therapeutics of mental suggestion with all that that implies, from Mesmer to Eddy and Dowie—what physician does not run up against it daily with these maladies, especially the latter two? It is a pity the volume is not sold separately. We cannot refrain from giving the publishers their meed of praise for the mechanical and material make-up of this series. The paper is strong and of a tint most agreeable to the eye; a white subdued, and not glaring. The type is clear and of moderate size, the lines separated enough for the eye (senile) to pass easily from line to line. The binding is submissive to handling. The size of the volume just fits for the Morris chair or the lounge. When will publishers be kind enough to remember that books are made for the reader and not for the shelf?

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Now we come to Saunders' List: First we note the fourth edition of Hirst's *Obstetrics*, and the same author's *Diseases of Women*. These excellent works go together, emanating from the rarely combined qualities of a natural researcher and scholar, who has an extensive and successful private and hospi-

tal practice; and has long been a didactic and clinical teacher. We are safe in recommending both volumes to our readers. Price \$5.00 each.

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From Saunders we have Bickham's textbook of *Operative Surgery*; eminently practical, for any operator in surgery. The minutiae of superficial landmarks, regional and organ anatomy, will be gratefully helpful to not a few of us. We learn so much nowadays that we innocently forget to do some very important things. This book will aid us in recollecting. Price \$6.00.

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Saunders also sends Eisendrath's textbook of *Clinical Anatomy*, at \$5.00. It is not the surgeon alone who needs to know his anatomy, general, regional, and topical, but the physician also must nowadays know more than before. The osteopath is to be thanked, perhaps, for this. Anyway, we may be grateful to Dr. Eisendrath for the coinage of the term "clinical anatomy." It tells a history and makes an epoch. The book is in every way excellent.

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Another of Saunders' classics is Webster's textbook of *Obstetrics*. After close examination of the work of the distinguished Professor at Rush, we must pronounce it the most recent, up-to-date obstetric work, containing the latest ascertained facts of evolution, conception, pregnancy, parturition, post-partial conditions, of both mother and child, physiologic and pathologic. The illustrations are mostly from frozen cadavers, and give us pictures we had not previously in mind. A fine book. Price \$5.00.

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and put new life into any man that can enjoy and profit by what these places have to offer. They are purely cosmopolitan. The Carroll-

ton Chemical Co., with their Zarcos message cover so much ground in so little space that perhaps one-half of you have never read their

Still another from Saunders; the sixth edition of *Anders' Practice*. We had the pleasure of reviewing the previous editions in 1900, 1901 and 1902; and again enjoy that pleasure. The author gives us the latest and best which he has found in the world's medical literature, and which he has found good in his extensive practice. It is a very recommendable book. We have found it the most popular textbook with students of all the numerous and good ones on the market; and the boys have good reason for their preference. Price \$5.50.



And not yet is Saunders' list exhausted. The second edition of Ogden's *Clinical Examination of the Urine and Urinary Diagnosis*, at \$3.00, a handsome volume. For the practitioner the usefulness lies specially in the second part, treating of diagnosis. This forms a useful guide to therapy. We need only give the titles of Chapters 8, 9 and 11, to corroborate this: "Disturbances and Diseases of the Kidney." "Diseases of the Urinary Tract below the Kidney." This embraces all from the kidney pelvis to the urethra. "The Urine in Diseases Outside of the Urinary Tract." But while this part is the *forte*, the other parts are all full, efficient and satisfactory. The book is simply indispensable to the progressive physician.



And still another from the Saunders press—McFarland's textbook on the *Pathogenic Bacteria*. Price \$3.50. The spirit of the German *Natur-forscher* is clearly discernible in this work. There must be Germanic blood in his veins. The previous editions of this work have been

reviewed and sent to our laboratory where they are in constant use. Our regret has always been that McFarland has not given us a universal bacteriology; and this enlarged work only enhances this regret. His thoroughness is satisfying. We are so eternally practical that we constantly swim with bladders under our axillæ, till someone pricks them and we collapse. McFarland is an honorable exception.



Another from Saunders is Keen's textbook of Surgery, now the fourth edition, in collaboration with J. William White. The *ne plus ultra*. Embodying the latest achievements in surgery, and these are many and recent. Nationally significant are the chapters on military, naval and tropical surgery. One remarkable thing about this great work is the small price—only \$7.00.



From the same prolific house comes the fourth edition of Church & Peterson's *Nervous and Mental Diseases*. Up-to-date, reliable, a useful guide in these frequently difficult diseases, as to diagnosis and treatment. Price \$5.00.



And finally we complete our list and Saunders', with the textbook of *Pathology*, by Stengel, now in the fourth edition. The author has succeeded in incorporating in this the many discoveries made in this fundamental part of medical science, or knowledge. To merely alleged discoveries he wisely gives mere mention. His style is clear and brief, for he has much to say. We are very much pleased with this edition. The price is \$5.00.



ad. You should read it carefully and they should double their space so as to enable you to read it easier. The ad of the Hillside

Chemical Company is a good one, well illustrated, well written, says enough and perhaps not too much. A good ad attracts attention,

Condensed QUERIES Answered

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage, and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

QUERIES.

REPLY TO QUERY 567:—"Otitis Media." September SURGICAL CLINIC, query 567, asked for a treatment for otitis media, and as you ask for our experience will say I have just cured a case in one month's time by dropping one drop pyroligneine in the ear three times a day.

E. A. LEAVITT, Massachusetts.



QUERY 4020:—"Uricacidemia." A woman came to me a year ago, complaining with queer feelings in her head, as though she were losing her mind. Could not concentrate her thoughts or attention, felt bewildered, no pain, bowels regular, digestion good, urinated too often, and on standing it left a sandy deposit. She has since been confined, and for six months complains of pain in the back and across lower abdomen, indicating uterine displacement. The earlier symptoms bother me. As long as she takes medicine she does well, but when she discontinues them for a few weeks she begins to grow worse. At first I gave her strychnine, quinine and hydrastin, with lithia tablets, and she did well. Being stout and florid I gave her Thialion, instead of the lithia tablets, but she did not bear this well and had to discontinue it. I have given a

number of other antilithic preparations, but find nothing better than my first prescription.

J. R. B., Illinois.

We do not seem to hear much about Alkalithia nowadays, but it used to give us excellent results in similar cases. What has become of it?

The lady did well on lithia, which dissolved the uric acid, but you did not correct her diet and keep her bowels clear and aseptic, which are the first indications. Give her colchicine, beginning with a granule gr. 1-134 at bedtime, and increasing the dose until it manifests some action on the stomach or bowels, aiding this with a sufficient dose of Salithia the first thing on rising. Cut her down rigidly on the use of albuminous foods; and give her cicutine hydromate gr. 1-67 three granules or more daily, to put her nerves in proper shape. And with this simple treatment, Doctor, you will cure her, if she obeys you as to diet. If she does not, nothing will cure her.—ED.



QUERY 4021:—"Syphilis." Is there any preparation that will remove

syphilitic spots from nearly the whole surface of the body? R. A., Illinois.

Henry's combination of iodides is a remarkably efficient remedy, and agrees well with patients who cannot take the potassic iodide without trouble, or who have been overdosed.

If you give a syphilitic patient the CLINIC prescription, you will not need any external applications. Phytolaccin, gr. 1-6, mercury biniodide, gr. 1-67, and iodoform grain 1-6, three granules each, arsenate iodide gr. 1-67 one granule; these ten to be taken together in a capsule before each meal and on going to bed. Of all local applications I believe the best is ointment of red precipitate, twenty grains to the ounce. Dr. Abbott likes citrine ointment.—ED.



QUERY 4022:—"Vomiting of Pregnancy." Tell me what alkaloids or combinations you would advise for the headache and the nausea of pregnancy.

W. H. A., Missouri.

These affections have the same causation in part; constipation, for which the Abbott Saline Laxative is one of the very few laxatives that may be given without endangering excitation of the uterus and abortion; deficient renal excretion, for which fresh buttermilk, two quarts a day is our favorite remedy—not alkaloidal, not even made in Germany, but we can't help it; indigestion, for which the various pepsins have done better service than their digestive capacities will explain; or some organic disease which must be found by examination. The nausea may be due to mental impressions—many women think they have to be sick then; or to erosions

or fissures of the uterine neck; or to continued sexual intercourse; or to an innate rebellious quality of the uterus, which seems possessed with the determination to throw off its contents and reacts on the stomach reflexly. The black oxide of manganese is one of the best of gastric sedatives, and is presented in effective shape in the compound tablet of the Abbott list, which was designed for such cases. This also contains the most reliable of this group, cerium oxalate with bismuth salicylate as an antiseptic and soda as antacid. One of these tablets should be taken dissolved in a tablespoonful of hot water, every five minutes till the stomach is settled. For the purely psychic forms, a small cup of coffee before rising is useful. But eliminate, feed, insure digestion, exercise, bathing, and in fact, regulate the personal hygiene and the difficulties will vanish. Of all the pepsin preparations none has ever won the repute in this affection that Ingluvin has. It has many times proved exactly the right thing in this complaint. Don't forget it in the host of newer remedies.—ED.



QUERY 4023:—"Whooping-cough." What do you consider the most successful treatment of whooping-cough?

E. G. B., Iowa.

For your case of whooping-cough I would advise granules of calcium sulphide, grain 1-6 each, and of hyoscyamine gr. 1-500. Let the child take one of the latter and one to six of the former, according to age, and repeat every hour until effect. When the hyoscyamine has dried the mouth or flushed the face suspend it until this passes off,



and with a preparation like Terraline behind it, is bound to bring results. The story and the argument should largely be held, and in

this case is held, for its literature. The value of Topliff's Suppositories you can easily demonstrate for yourself by sending four cents to

then give just often enough to keep up a slight effect of this sort, using the same method as applied to calcium sulphide, the desired effect being the smell of the drug on the perspiration or breath, or nausea, which sometimes occurs instead. This treatment may be used on children liable to the disease as soon as they have been exposed to it, as being the most contagious of all diseases the infection is morally certain, but by the use of the medicine during the period of inoculation the attack may be aborted or entirely prevented.

Let me add to this that I have personally used with immediate and decided benefit fumigation with a formalin lamp, supplied by Schering & Glatz of New York City, and I would advise it in addition to the other treatment.—Ed.

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QUERY 4024:—"Melanosis." I am sending you some Kodak pictures of a baby—one of twins—who is a week old; the other of the pair and five other children are perfectly normal. This child is as it should be in every way except that the labia are much larger than they should be and about half the body is black. The child is well and strong. The black skin seems to be thinner and softer than the white and small patches of it are slightly elevated. There is no more hair on the black skin than on the white. The skin looks like the black moles we so frequently see. The pictures show the distribution of the color well but the films were under-exposed so that otherwise they are not as good as they might have been. Of course the parents want something to remove the color, especially on face. Can I use Dermal Solvent?

R. G. R., Nebraska.

Accept our thanks for the photos of the child. We are extremely obliged to

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C. L. Topliff, New York, for a trial package. Medical books at bargain prices are offered by L. S. Matthews & Co. of St. Louis, Mo.

you for them as this seems to be a peculiar case. Don't use Dermal Solvent or Caustic on that child, Doctor. The best thing you can do is to leave it religiously alone. You might try the small spots on the face, moving tentatively, but don't attempt those larger patches. This is one of those cases of which we are unable to tell the cause, but some prenatal influence, unquestionably, has been at work and the child is marked for life. As you will notice in the last issue of the CLINIC, prenatal instances were discussed freely—not only in the "Building of the Body" paper, but also in another contributed article on the "Influence of Maternal Lesions on the Fetus." This case is one of unusual interest as such extensive marking is not at all common.

Noting that you say the mother was struck by lightning four months prior to the birth of the twins leads us to form the opinion that there, undoubtedly, is the cause; but it would seem that the mother was not badly burned even, certainly not marked similarly to the child. Was she affected about the labia? The marking even is not that of "burns." Altogether the case is an odd one and we hope that the family will give their opinions and experiences.—Ed.

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QUERY 4025:—"Ecthyma." Mother, 33, ill 9 months, with headache and lassitude, a little fever daily, lost 21 pounds. Bowels regular, menses scant and irregular, flow returning on extraordinary exertion; 5 months ago an eruption came out on forehead, spreading over whole face, worse on forehead, about nasal alæ, and chin; external ear involved, few patches in scalp. Isolated patches all over body. Blebs well elevated and red,

List will be sent. There are lots of good things, and plenty of room and plenty of reason for each. One of these is Chloropep-

none has disappeared since first coming. No dry scaly patches. Eruption on body less regular than on face. Parts look highly inflamed but little pain even on pressure. No history of previous lesion; husband's habits unknown. Pain on lower half of tibia, in bone, worse at night, part slightly swollen and tender. What is your fee for this consultation?
D. S. S., Missouri.

As to charges for consultation, we leave that to the doctor. If he can get a fee from the patient, of course there is no reason why he should not do so; but we never refuse to help a brother in need of advice for lack of the dollars. Often if the patient will not pay a consultation fee, he may indirectly help me by subscribing to one or both of the journals mentioned in the enclosed slip.

As you describe it, the eruption is a form of ecthyma, connected either with degeneration of the nerve roots or deficient renal elimination; although I must say that the latter portion of your letter points to a specific origin of the disease. At any rate, here is the treatment: Mercury biniodide 3 granules, phytolaccin 3 granules, iodoform gr. 1-6, 3 granules, arsenic iodide 1 granule. These 10 should be taken in a capsule before each meal and on going to bed. The bowels must be kept regular with a morning dose of Salithia. As a local application I would advise ointment of red precipitate, 15 grains to the ounce, applied very lightly indeed, and not to more than two or three spots at the same time.—Ed.

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QUERY 4026:—"Hemorrhoids." Young man, has hemorrhoids in all forms. He has suffered for about five years, has tried all the neighboring doctors as well as all the specialists and medicines he

could hear of, but to no permanent benefit. He now has had them for several weeks and nothing seems to do him any good.

N. J. W., Mississippi.

You will find an article on the injection of hemorrhoids in the June SURGICAL CLINIC, and we would strongly suggest that you clean up this man's rectum thoroughly, injecting such tumors as are injectable, with the clamp and cautery. In the meantime to relieve his suffering give him hamamelin one granule every two hours, and inject one dram each of hamamelis and hot water into the bowel with the hard rubber syringe morning, noon and night, having him adopt the knee-chest position for each injection, and instruct him to retain the solution just as long as he possibly can. Exteriorly apply the Hemorrhoidal Astringent (W-A). Give this man also four Sulphur Compound granules after each meal and at bedtime. Until you operate this treatment will give him relief such as he has not experienced heretofore, but you can only cure him by operative procedure.—Ed.

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QUERY 4027:—"Skin Affection." Man, 62, bilious, thinks he has cancer; patch behind right ear as large as a silver quarter, itches and annoys him greatly; no cancer in family, strong and healthy otherwise; well-to-do, will pay any price for a cure.

N. J. W., Mississippi.

When a lesion refuses to take on curative action it is because there is some continuous cause in operation, or there is not enough vitality for setting up a cure. The cause may be local, as cancer, tubercle, or some other living material. It may be internal, as the

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soid presented by The Mueller Chemical Co., Lima, Ohio. Their growth "from a dwarf to a giant in two years" speaks well for the

product and its handling. What a jump static electricity has taken in the last few years. Where ten years ago scarcely a manu-

poison of uric acid, or fecal absorption, etc. Eczemas itch, but are quickly cured for the time by applying an ointment of red precipitate, a scruple to the ounce of simple ointment. This is what we would first advise, as there is nothing in your description to indicate the presence of neoplastic growth. The condition of the alimentary canal should be scrutinized, the eliminant powers of the kidneys gauged, and the habits as to diet and other matters of personal hygiene investigated. For want of these data physicians fail in the treatment of cases where they might easily score off the city "specialists," who are as likely to neglect them as anyone else.—Ed.

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QUERY 4028:—"Aural Eczema." Discontinue all watery applications, clean the surface as well as can be done—thoroughly—and apply cerate of cantharides thrice a week. Later apply Lassar's paste, or an ointment such as: *Ceræ flavæ, vaselini, olei cadini, aa. p. a.*
G. A. M., Massachusetts.

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QUERY 4029:—"Vertigo." Widow, weight 158, bowels regular, tongue clean, no œdema, good appetite, no bloating, slight erosion of cervix; has constant dizziness, worse at times; urine 1020, no sugar or albumin. No results from varied treatment.

F. A. B., Iowa.

Dizziness may come from the stomach or from the ears. You had better examine the latter, as well as the nose and pharynx. You do not tell us whether the lady is full-blooded or anemic, nor do you state her age, and without these I dare not prescribe.—Ed.

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QUERY 4030:—"œdema Glottidis." May I ask if, in your opinion, any such

result as œdema of the glottis could come from the administration of calcium iodized in the dose and for the conditions for which it is prescribed. Have never known of any such case but the possibility of this trouble stays in mind when giving iodine.

DR. WM. L., New York.

In the dose administered there is little danger of this complication. The only lesion in which such an accident might occur would be a tuberculous laryngitis, for in this disease the administration of iodides in any form and almost any dose, is occasionally followed by an inflammatory reaction with secondary œdema. In tuberculosis cases therefore we should advise some caution.—Ed.

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QUERY 4031:—"Dosage." What are the doses of hyoscyamine, brucine and strychnine, generally required by adults?
F. G., Mississippi.

Of hyoscyamine you can give a granule every ten minutes until the mouth begins to dry. For quick effect, dissolve them in hot water. Note the number of granules you require, and next time you can give these in a single dose if you choose. Three granules form an average dose, but some patients cannot take more than one. Brucine can be given in this way until twitching of the muscles results. The average dose for an adult is 1-10 gr. The same holds good in regard to strychnine, the average dose being 1-20 of a grain.—Ed.

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QUERY 4032:—"Agaricin." What is the dose of agaricin for a boy ten years old for chorea?

W. W. W., Wisconsin.

Agaricin is a remedy for sweating, the average dose being 1-12 of a grain up to

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facturer had a word to say on the subject, now dozens of them are bidding for professional favor and the price of good machines has

been thereby so reduced as to bring them within the reach of all. Mr. Nelson, of N. O. Nelson & Co., of Chicago; is well known to

½, six hours before the time for sweating. Half this dose may be given to a boy of ten. An overdose causes diarrhea. Its use in chorea is a new one on me.—Ed.

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QUERY 4033:—"Stomatitis." I have a patient who has for several months had diarrhea and a sore mouth. The tongue is very red and slick with fissures in it. Most of the soreness is in the tongue. The diarrhea is more or less periodic, and when it is worst the tongue always gets better; but if the bowels become slightly bound up, then the tongue again gets very sore.

The patient is a woman of sixty, and her general health is very good aside from the troubles mentioned. I have given Saline Laxative and W-A Antiseptic Tablets without any apparent benefit. I have also given calomel in small doses, and various digestive ferments, but with negative results. What is the matter and what is the treatment?

P. J., Indiana.

I suggest for this patient tablets of Neutral Cordial, one every hour while awake, gradually less frequently as she gets better. These should be continued until the stools passed are perfectly natural. Follow this with iodoform, juglandin and zinc oxide, grain 1-6 each, every two hours; using the antiseptic tablets whenever the odor of the stools indicate it. I treat the stomatitis with hydrastin, a granule every two hours, used as a lozenge.—Ed.

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QUERY 4034:—"Superfluous Hairs." A lady has had the hairs removed from her face several times with the electrolytic needle, but each time far more hairs return.

M. W. D., New York.

Your experience with this is exactly mine; and exactly the experience of

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the writer to be a competent electrician and to make a good machine. There are some points about the Nelson machine that make it

everybody who undertakes to remove widely distributed hairs. The stimulation produced by the electric current removing the coarse hairs causes the fine hairs to take on growth. Electrolysis is only applicable to the removal of isolated hairs associated with moles. The best thing to remove superfluous hairs is one of the sulphides. It should be wet up into a thin paste, applied thinly with a knife or some smooth spreader, allowed to remain until dry and then scraped off, the hairs coming with it. They will return in about six weeks, when the process can be repeated, but the hairs will not strengthen and increase as they will where you use electricity.—Ed.

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QUERY 4035:—"Ulcer." A year ago a farmer scratched his wrist on a nail, and it did not heal but began spreading slowly. The original point is now well but the ulcer has taken a crescentic shape, like a red wart on top, and if a "seed" is removed it bleeds. Pus forms at the edge. Not specific. General health good. I think the Dermal Caustic will do the work.

W. A. S., Kansas.

The Dermal Caustic is all right for this case to begin with, but after it has done its work you must apply a dressing which will increase the vitality of the tissues or they will not heal; and the dressing, Doctor, you need is some form of Nuclein. Get a bottle of it and apply on a film of absorbent cotton, renewed three or four times a day.—Ed.

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QUERY 4036:—"Fermentation." Suppose one has a patient with liver n. g., entire intestinal tract no better, fermentation of everything eaten, only prevented by using the W-A Intestinal Antiseptics, what harm would result

especially desirable. This can be learned by correspondence. It has always seemed to us that the teaching of Optometry by mail was

from their continued use? Four tablets daily? Would they do him up entirely in a few months? Or could they be used for years without injury?

C. N. M., California.

No special harm will result from the continual use of Intestinal Antiseptics, but I would add to them in this case a morning dose of Saline Laxative, and carefully regulate the diet with a good deal of starvation thrown in; for there is no reason why any case of fermentation should not be cured.—Ed.

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QUERY 4037:—"Asthma." If there is anything that will relieve the distress of an asthmatic paroxysm, let me hear of it. We have many asthmatics in China, and I would take a carload there if it were better than iodides and chloral, which generally give relief.

M. H. F., New York.

I have the best reasons for knowing that asthma will give way to calcium iodized used during the paroxysms, with the general treatment and diet required by uricemia, and the proper local treatment applied to whatever lesions are found in the nasal passages. To an adult give two grains of calcium iodized, repeating every quarter-hour until the attack breaks, and then given four times a day; with the usual inhalations at first.—Ed.

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QUERY 4038:—"Buckley's Tonic." Do you commence giving this before the dysmenorrhea begins, or upon the first sign of the menses? Do you give it at all during the intermenstrual period, and if so, in what dosage? The hot douche, vaginal antiseptic and depleting suppositories would seem to me to be all right just before the flow, but would you give them during the flow? My case is one of dysmenorrhea in a girl of

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a very difficult proposition, but the Golden Cross College of Chicago, Ill., claims to do it and their pupils ought to know whether they

23, otherwise well, suffered since her first menstruation at 15, now quite regular, but always painful during the period. Cramps, pain in back and weakness; constipation, no leucorrhœa.

P. S., Illinois.

Commence giving Buckley's Tonic one day before the period, giving it every two hours until the first atropine effect is manifested, which is usually dryness of the mouth; then wait and give another dose when that effect begins to wear off, aiming to just touch this point and keep it up until the painful period has passed. This combination is best suited to weakly or anemic patients. If the plethoric form and where there is actual uterine or pelvic inflammation I prefer the W-A Uterine sedative: Cicutine hydrobromate, gelseminine, anemonin, a granule each in hot water repeated every fifteen minutes until relief or effect, which may be slowing of the pulse or drooping of the eyelids. Do not use any of the local remedies you mention during the flow, unless it is a hot douche; but greater relief is obtained from hot enemas. I would advise in the case you mention an examination of the pelvis by the finger in the rectum. You may find a displacement that can be corrected.—Ed.

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QUERY 4039:—"Locomotor Ataxia." What do you employ to control the pains of tabes dorsalis? What is the chance of stopping the degenerative changes in the spinal cord by massaging the muscles of the lumbar and dorsal regions, stretching the spine in all directions, electricity, and a line of treatment aimed at a freer circulation of blood in the affected region?

C. V. W., Oklahoma.

It is remarkable the way the symptoms of ataxia subside when the alimentary

succeed or not. The Williams' Double, Dry-Cell Dial Battery seems to be a first-class apparatus, quality high and price low, in fact,

canal is made clear and aseptic and kept so. To this one method I attribute more success in treating the disease than to any other, although I have obtained undoubted benefit from the systematic exercise of the affected muscles and from the use of strychnine as well as the methods you mention.—Ed.

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QUERY 4040:—"Neuritis." Wife, 35, seized with severe pain in lumbar region, in January, following severe strain and resembling lumbago; no benefit from belladonna plaster and salicylic elixir; relieved by hypos of morphine and atropine; pain shifted to between scapulæ and chest; left ulnar neuritis followed; entire trunk became involved, she could not be moved; has been in bed for seven weeks. Two weeks ago eating grapes was followed by constipation, then retention of urine necessitated the catheter. Now there is great pain in the lower part of the sternum, through to the back and shoulders, whenever she is raised from bed, even to change pillows. Left ulnar neuritis; tympanitic abdomen; urine retained; no appetite, nausea; complete inability to use legs, touching them shocks as if by electricity; lumbar muscles not now involved.

Have used salicylates, iodide, colchicum, phytolacca, now using Saliform, with Arsenauro for neuritis. Have used saline laxatives and intestinal antiseptics but never succeeded in rendering the bowel aseptic as the stools are always offensive.

C. F. K., Indiana.

Clear the bowels with a sufficient morning dose of Salithia, keep the bowels aseptic by seven Intestinal Antiseptic tablets a day, and give the following to stimulate absorption and clear away all inflammatory action. Iodoform one grain, mercury biniodide gr. 1-67 three granules, phytolaccin gr. 1-6 three granules, and arsenic iodide gr. 1-67 one

granule. These to be given together before each meal and on going to bed. Massage, especially with faradism, should be applied to the disabled muscles. Aid the Salithia at first by flushing the colon. A half pint of saturated solution of table salt, cold, thrown into the rectum is very effective in clearing the bowel.—Ed.

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QUERY 4041:—"Erythema." Mother, in good general health, weighs over 200, for 5 years every few weeks an eruption comes on the front inner aspect of the right thigh, beginning with stinging like an insect bite, followed in a few moments by redness and raised state, dark red, with dark brown shading; spreads like erysipelas, runs course in two or three days, spreading to size of two hands; no fever or inconvenience, except the burning and stinging, worse at start. The affected surface finally turns dark yellow and slowly returns to normal. It leaves a slightly elevated point where it begins.

J. M. C., Mississippi.

I would call this affection an erythema, and am sure that like erysipelas it can be perfectly controlled by pilocarpine, given to the production of slight sweating and sustained there until the eruption has completely disappeared. The spot at which it points might with advantage be investigated with the point of a lancet and a sharpened match dipped in carbolic acid. I should think also that the patient would be better for treatment with Obesity tablets.—Ed.

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QUERY 4042:—"Epilepsy." Laborer, 40, digestion good, had syphilis 11 years ago, treated specifically 4 years, 6 months after first sore had epileptic aura, increasing in severity for six years when he had genuine epilepsy. Recurs every

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competition is squeezing excess profits out of every line that is offered to the profession, in supplies as well as in practice. It is strictly

the survival of the fittest. The Gramm Specialty Co. of Winchester, Tenn., in their Ferridine ad fall into the error of almost all

four months. Four years ago pruritus ani began. Feels something wrong in rectum, worse before an attack.

W. L. S., Guatemala.

I do not see how a diagnosis can be made in this case without rectal examination. It is not clear that the specific disease has anything whatever to do with the case, but it may have, and I am pretty sure that it would be a good thing to give an anesthetic and dilate the anal sphincter thoroughly. Then you may find hemorrhoids, fistula, polypus, parasites or even a foreign body, if not condyloma, to treat. All I can advise for the case is the W-A Hemorrhoidal Astringent, which will give more relief than anything I know. If the man took mercury systematically the syphilis has long since disappeared, but unless properly administered an enormous amount of this medicine may be given without a cure.—Ed.

❖

QUERY 4043:—"Dropsy." Girl, 13, at 10 had mild scarlet fever, two months later a similar attack, the rash disappearing in 24 hours; ailing ever since. Acted queerly, imaginative tales told for truth, a year later had chorea, leaving her quite nervous; in 7 months tonsillitis, leaving heart-disease, action very tumultuous, pulse 120, dyspnea on slightest exertion, no benefit from varied treatment since. Not anemic, dyspnea, pulse 125, ascites, dropsy of legs, heart sounds muffled and indistinct, vomits every morning, cannot lie down without suffocation, sits in chair, bowels move 5 times a day.

J. H. T., Michigan.

At present this is a case of cardiac dropsy; and the patient needs apocynin, one to four granules every two hours with the dry diet rigidly enforced. She may have nephritis also and the urine

should be examined. This is all I can advise at present, although cicutine hydrobromate will help her nervous symptoms.—Ed.

❖

QUERY 4044:—"Ulcer of Intestine." Woman, 38, ailing 4 years, tongue furred white, no indigestion, flatulent, in morning bowels move normally, then two loose moves during forenoon, with frequent urination, urine light; in afternoon urine normal and not frequent; "wave of misery passes over her making her feel nervous," poor appetite, sleeps well, has weak exhausted spells lasting 2 to 7 days, each leaving her weaker; thinks and talks of ailments constantly; grows thinner. Has improved slightly under soda sulphate a grain or two before meals with calcium phosphate after, and strychnine arsenate gr. 1-30. What will stop the vesic irritation, help assimilation, relieve nervousness? She is and always has been better during menstruation, which is painless.

C. P. H., Maine.

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Be sure to examine her rectum, and if you cannot find anything else to do give her an anesthetic and dilate the sphincter.—Ed.

❖

QUERY 4045:—"Hypodermics." Can the alkaloidal granules all be used hypodermically? Can camphor monobromate?

A. L. A., North Carolina.

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VOL. 10, No. 12.

DECEMBER, 1903

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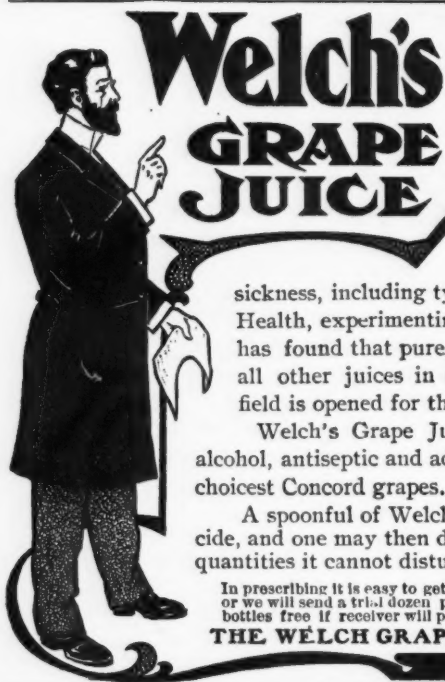
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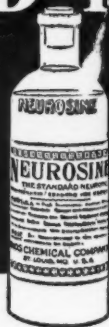
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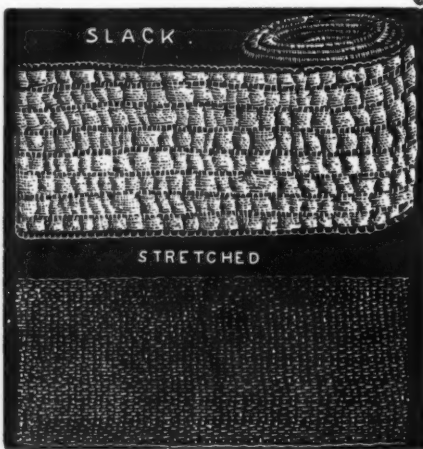
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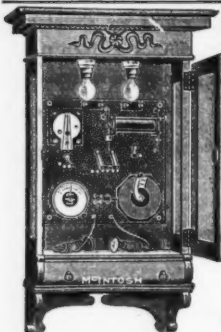
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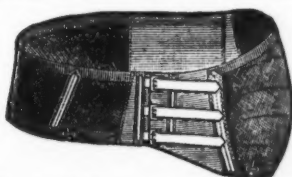
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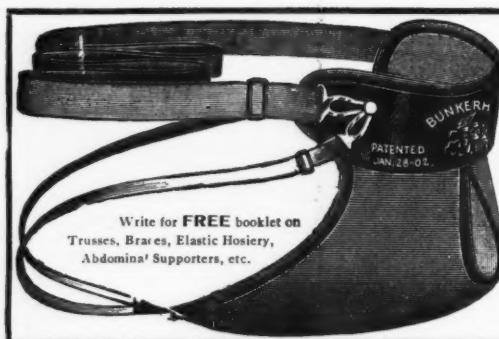
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AND

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In view of the large and increasing mortality rate from pneumonia when treated by the ordinary methods, it behooves every practitioner to pay some heed to the results from the use of Antiphlogistine.

Up-to-date doctors without number everywhere have long ago learned that the best and safest method of local treatment is Antiphlogistine. They therefore have adopted Antiphlogistine as their regular routine treatment which does not in any way interfere with internal medication.

A prominent physician recently remarked, "There was a time when nearly all the children I treated for pneumonia died. In recent years they all get well. The only change made in my treatment is that I now use Antiphlogistine in every case. Draw your own conclusions."

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This description is typical of Antiphlogistine's behavior when applied in the first stage of the disease.

If these statements are true, the question is, why can any physician be found who does not use Antiphlogistine in every case? If false, why do we find 80 per cent or more of the physicians now look upon Antiphlogistine as an indispensable aid for their pneumonia cases, and why do you find it in every hospital in the land?

A treatment that insures such results is certainly entitled to the confidence of every practitioner. Antiphlogistine is a scientific preparation having a definite physiological action, and that its remedial value may be fully realized it should be applied with careful attention to detail. Do not try to make a Small package do the work of a Large package, and do not apply Antiphlogistine cold, but thick and as hot as can be borne. The usual life of a dressing is twenty-four hours, but it varies, and the dressing should be removed as soon as it will peel off nicely.

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BY

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Late Professor of Institutes of Medicine in the Jefferson Medical College of Philadelphia.

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Member of the New York Academy of Medicine, etc.

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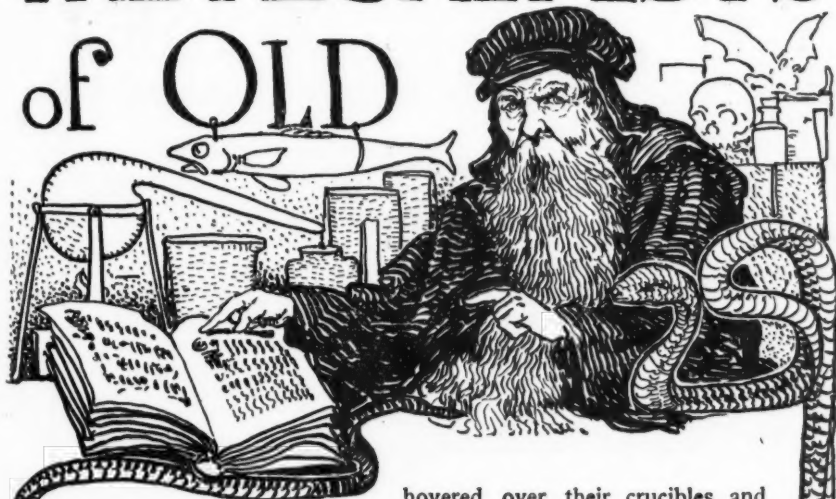
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ble in water. Camphor monobromate is not soluble in water, but is in about everything else. If you want to use it hypodermically you can employ oil as an excipient.—Ed.

QUERY 4046:—"Headache." My wife, nervous, feet slightly swollen, headache so great at night or by day it is exhausting her vitality; taken many remedies; pain lulled by morphine only, about 10 grains a day, or she would be a maniac; when head is worst the sclera and conjunctivæ are highly congested, tender along spine, dorsal region; left ovary tender; head pain on one side then on other, top, back, or down spine to dorsal, then all through, encircling head along lateral sinuses and to vertex; pain from left iliac to ribs; tinnitus aurium; last year diagnosed as tubercular meningitis and peritonitis but she is still here. Better last spring, stomach well, bowels partially paralyzed. Thighs sometimes pain, may extend to feet, diffused

through limb; pin-pricking sensation generally, worse over legs.

W. L. S., Texas.

In the first place you should have the urine examined. Save the total excretion for twenty-four hours. I am sure the excretion is deficient, and if so that must be the first thing to attend to. Until that is settled, Doctor, I dare not prescribe.—Ed.

QUERY 4047:—"Malaria." Man, 45, bilious malarial fever, attacks in May and July, tongue heavy yellow coat till 28th day; temp. not above 102, higher in mornings; ate little, lost 26 pounds; now appetite voracious; gained 10 pounds in 17 days. Spleen was enlarged. Now wants best preventive, and treatment of future attacks.

F. D. U., Ohio.

Let this man take emetin a grain at bedtime and about seven Intestinal Anti-

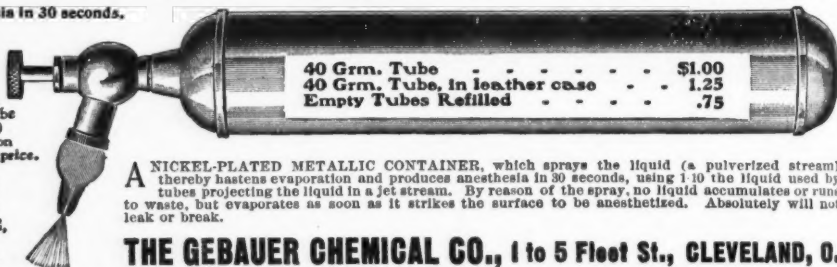
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septic tablets a day, with quinine arsenate gr. 1-6, and berberine grain 1-6, before each meal and on going to bed. The arsenate may be gradually reduced after a week, but the other should be kept up for a month. Of course if exposed to the attacks of the mosquito he is liable to have a new attack at any time, though this is vastly lessened by the treatment herein described.—Ed.

✽

QUERY 4048:—"Sodium Succinate." I am giving a patient sodium succinate for gallstones and he has broken out in a rash. Will the succinate cause this?

A. D., Illinois.

I have used this salt 25 years, and never knew of its causing a rash; but the drug rashes are so numerous that I will publish the query and ask if any of our brethren have noted anything of the

sort. In general such rashes are due to irritation of the skin by the drug as eliminated from the surface; or to deficiency of renal or hepatic elimination.—Ed.

✽

QUERY 4049:—"Aphonia." Boy, 8, has never talked, makes articulate noise when excited, has said papa once or twice; bright expression, no lingual paralysis or laryngeal, anatomy normal.

W. D. J., Ohio.

The first question is if there is any malformation. If not, it is a case for a specialist in this line, like Mr. Bryant of New York City. I hardly see how medicine would avail.—Ed.

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QUERY 4050:—"Irritative Diarrhea." Is there any laxative in the W-A Intestinal Antiseptic? I suffer greatly

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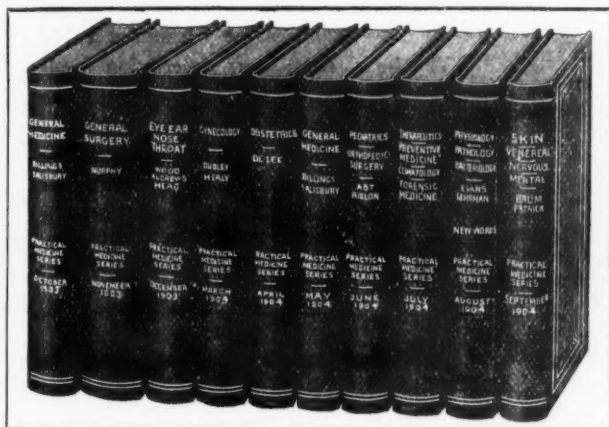
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—Ed.

☞

QUERY 4051:—"Heart-pain." Woman, 52, not past climacteric, has much pain about heart, in cold weather has to keep hot water bottles over it; mostly

in bed, to be at all comfortable; some pain and more soreness across back over kidneys, belting abdomen; urine varies from 2 quarts to a teacupful; breathless on going up stairs; good appetite, bowels fair.

C. H. L., Massachusetts.

The presence of bile indicates duodenal trouble, for which the patient should have sodium succinate 5 grains four times a day. There is a marked deficiency in the elimination of solids, for which give boldine 7 granules a day. The heart from your description needs very careful treatment, apocynin to strengthen it, and arsenic iodide to favorably influence its nutrition, adding iodoform, if necessary for pain. Whether she needs iron in addition, you are the best judge, but if so use the iron iodide.

—Ed.

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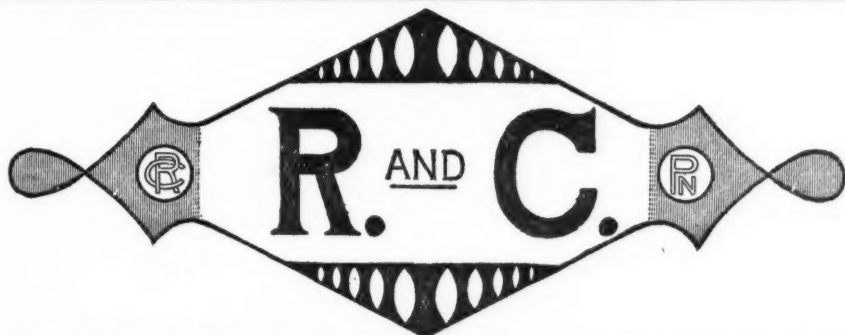
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D. A. S., California.

The presence of bile and oxalates locates the trouble in the duodenum, with possible irritation of the kidney from the passage of this ingredient, but no calculus as yet formed. I would advise for him sodium succinate 5 grains four times a day, and in addition 10 drops of nitric acid in water before each meal. If he is constipated add to each dose 5 granules of dioscorein. While Sanmetto here gave evidence of its great value, the cause being located elsewhere and continuing this remedy could not be expected to cure permanently.—Ed.

■

QUERY 4053:—"Books." What books should I get treating of Alkalometry, to begin with?

C. H. B., Indiana.

Your first book should be Shaller's Guide, and after that the three volumes of American Alkalometry, which make up a cyclopedia of information on these topics.—Ed.

■

QUERY 4054:—"Obesity." By the aid of phytolacca I have reduced my wife's weight 20 pounds, but she objects to the purging and the rolling of the bowels. And the loss is soon regained on stopping the treatment. She now weighs 235 pounds. I have also another patient, a young girl, who wants to be reduced.

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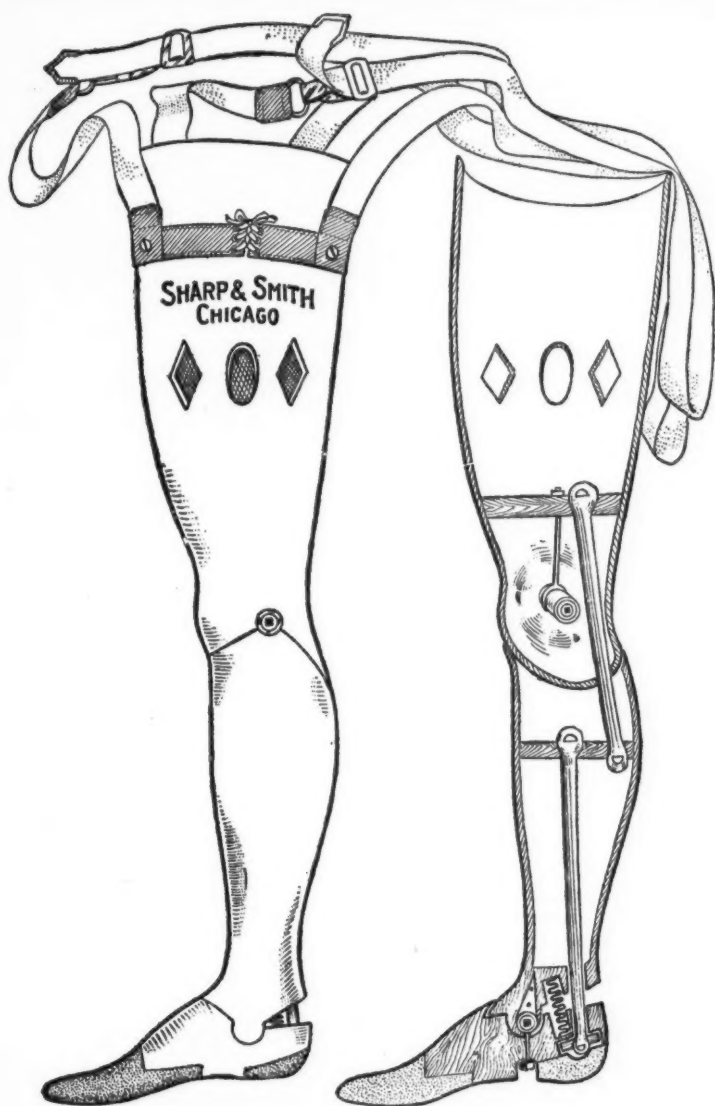
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It is a fact easily verified that we do cure Asthma and Hay-Fever. It is a source of gratification to us that so many physicians who are readers of THE ALKALOIDAL CLINIC have made a satisfactory test of our treatment on themselves or on their patients. By this treatment the asthmatic constitution is so thoroughly eradicated that there is no recurrence of symptoms in after years.

The person enjoys a good appetite, good digestion, sound sleep and all that belongs to a complete restoration to health. Neither colds, weather changes, dust, odors, smoke, pollen, heat, nor any other exciting cause is able to produce a wheeze.

In the strictest use of the word the disease is **cured**. The *principles* of our treatment are set forth in our "*Thesis on Asthma and Hay-Fever*," and illustrated by the reports of cases. We shall be glad to mail a copy of our book to any member of the profession.

P. HAROLD HAYES, Buffalo, N. Y.

until the weight is reduced to a satisfactory point, when the diet will keep it there.—Ed.

✽

QUERY 4055:—"Autotoxemic Fever." Wife, 15, pregnant 7 months, taken quite ill after eating peanuts and fish, constipated 2 days, malarial fever, 3 chills before I could stop them, trying to abort. Washed out bowels with Saline Laxative and enemas, followed by podophyllin and calomel till tongue cleaned—very foul, now red and covered with papules. Now on Triple Arsenates with Nuclein, Intestinal Antiseptics, quinine sulphate, Aletris Comp., with an occasional dose of morphine for restlessness.

J. E. M., Louisiana.

In this case I would advise juglandin, iodoform and zinc oxide, 1 grain each before each meal, with the Intestinal Antiseptic tablets 7 a day. The fever is autotoxemic. You have done very well indeed.—Ed.

QUERY 4056:—"Croup." Is there a remedy that will cure true croup? If so I want enough to treat an average case. I have just lost a case, and do not want any more like experience.

D. A., Indian Territory.

In a case of true croup give calcium iodized every five minutes in a teaspoonful of hot water. If it does not cure, nothing in the drug line will; but whenever the abdomen retracts on inspiration, tracheotomy or intubation should be immediately done.—Ed.

✽

QUERY 4057:—"Gadberry." What is the composition of Gadberry's mixture recommended in the CLINIC for malaria?

E. M. M., Texas.

Liquor tersulfate iron.	fl. dr.	3
Liquor arsenate potash.	m.	90
Saltpeter	dr.	2
Sulf. quinine.	dr.	2
Water, enough to make.	oz.	2

Mix.—Ed.

WHEN WRITING PLEASE MENTION THE ALKALOIDAL CLINIC.

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A single trial will soon convince you of its analgesic and sedative qualities.

DOSE.—Teaspoonful, repeat half-hourly if necessary. Children in proportion to age. Where immediate action is required a dessertspoonful or tablespoonful may be administered at a single dose with safety.

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QUERY 4058:—"Eczema." What will cure chronic eczema? Man, 45, all skin red, thick, leathery; breaks out with boils occasionally, scratches till he bleeds, otherwise well; farmer, digestion good, no rheumatism.

E. M. M., Texas.

Apply pure glycerin to skin till infiltration disappears. Give the man arsenic sulphide a granule four times a day, increasing to full toleration. Keep the bowels regular and see that the kidneys are eliminating the full amount of solids.—Ep.

✽

QUERY 4059:—"Enterocolitis." Breech presentation, adherent placenta and a fearful hemorrhage that almost took my patient off. This is the eighth time she has been confined and seven times there have been the adherent placenta and hemorrhage following. I tamponed with cotton in strong vinegar. Ergot and normal saline solution were the other remedies used.

I feel that I am under weighty obligations to Dr. Abbott for his valuable and courteous advice in a number of cases, but especially a case of an obscure gall-bladder trouble, in an aged woman, in which his advice to use soda succinate, dioscorein and boldine, was followed by the happiest results. This is why I like the Abbott people. They are helpful and sympathetic to their professional brothers, and they go to an infinite deal of trouble to help one of them when they go up against a tough proposition.

I am in a little hole now and you possibly can help me. A child, 19 months, suffered all the summer with enterocolitis, was under the care of a doctor in an adjoining county, but came under my care a short time ago. I found there was no evidence of the trouble left. The bowels constipated, but when a laxative was used the feces were horrible in stench. It is the most fretful and peevish child I ever saw, and its mother is simply worn to a skeleton. It is now a case of malnutrition and malassimilation. The child is thin, anemic, muscles

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Sodium Copalvate, Pure,	1-2 gr.
Thiosinamine,	1-10 gr.
Ext. Kava Kava,	1 gr.
Powd. Nutmegs,	q. s.

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flabby, and it cries for food from day in to day out. I have tried to clear out and clean out. I give it strychnine arsenate three times daily, give the W-A Intestinal Antiseptic every four hours, Bovinine and Beef Peptonoids alternately every two hours, Graham bread or toast bread, white of egg with a little brandy, keep its bowels open with castor oil, and give the Infants' Anodyne to keep it quiet; or at least I try to keep it from worrying its mother to death. Its teeth are coming fast. Can you suggest anything better? If so help me quick.

R. C. B., Virginia.

We have your kindly favor of the 14th and have read your long letter with much interest. You certainly did have a tough time with that case. It is peculiar how some women seem to be designated to

have all the obstetrical complications that the condition is heir to. It is well that she was in such good hands.

We are glad to have your expressions of kindly interest and appreciation. They come with a sweet sound to us who are working so hard here and are so strongly and unjustly criticised by those who misunderstand our position.

The poor little child that you speak of, is of course suffering from bad treatment, both at the hands of the mother and the doctor, and probably the enterocolitis from which she has suffered is due to the very condition which now gives the stinking bowels. No wonder the poor thing frets and fusses. I assume it to be bottle-fed. Give one gran-

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ule of emetin and from one to three of calomel gr. 1-67 every two hours until the stools are normal, and then for a change use two or three of Buckley's Sulphur Comp. for a day—just enough to keep the bowels all right. The little fellow is suffering from malnutrition due to autotoxemia. If the patient is beyond two years old, put it on graham bread and milk, making the milk one-third water and adding all the salt it will carry. Feed under no circumstances more than three times a day, giving water in the meantime. Use a bit of cocaine in syrup on the gums, and three or four Waugh's Anodyne now and then, especially at night as needed to overcome restlessness.—ED.

QUERY 4060:—"Typhoid Fever." I have a case of typhoid in which I wish to use nuclein as you would advise.

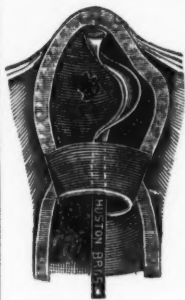
W. A. C., Michigan.

We would suggest that in this case you use hypodermically 10 drops of the solution with 10 drops of distilled water, morning and night. The sooner you set up an artificial leucocytosis in these conditions the better, but once this object has been obtained and the disease is under control, drop your Nuclein dose to a small quantity, as large doses of Nuclein rapidly reduce the number of red-blood corpuscles; that is to say, it is good policy to give large doses when the object is to overcome and drive out invading bacteria, but for tonic effect and to build up the blood, doses by mouth not to exceed two to three minims twice a day are best.—ED.

QUERY 4061:—"Joint Ail." Maiden, 45, all her joints squeak on movement. Knees worst. Noise can be heard in ad-

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J. L. M., Illinois.

Diagnosis, abnormal dryness of the joints. It will get worse. It may be cured by wrapping each joint with flannel saturated with cod-liver oil and covered with oiled silk, giving internally lobelin a grain a day in divided doses.—Ed.

La M

QUERY 4062:—"Syphilis." Man, 35, otherwise well; has a chancre and now a bubo. Has been taking P. D. & Co.'s Syr. Trifol. Comp., with mercury bichloride gr. 1-12 t. i. d., also potassium iodide. How long will it be before all visible signs of the malady have disappeared?

J. M. F., Iowa.

If this case is going on to suppuration it is probably not specific, but a soft sore.

In that case you had better wash the original sore with an antiseptic like chlorinated soda solution and then apply iodoform to it, or eucrophen. In the meantime give him five granules calcium sulphide every half-hour until he is saturated and his breath smells of the drug. If it irritates his stomach, lessen the dose but keep right on. If anything will stop the suppuration this will do it. If it does not, you should open the bubo and disinfect it just as you did the sore. You cannot promise anything in regard to it, only that this treatment will get him well quicker than any other which can be used. Also pilocarpine, two granules every five minutes until he begins to perspire, and repeat this treatment every night, as pilocarpine is another very effective agent in preventing suppuration and goes well with the sulphide.—Ed.

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QUERY 4063:—"Pyelitis." I wish to try arbutin in a pus kidney. How shall I give it?

J. M. L., Massachusetts.

Let the patient have a tablet, gr. 1-6, every hour while awake, and do not be in a hurry to expect results, but they are certain.—Ed.

✽

QUERY 4064:—"Pruritus." Wife, 25, general health good, for six years following rhus dermatitis has general itching, no lesions but scratch marks; very constipated.

J. L. M., Illinois.

Give enough pilocarpine to cause slight sweating every night at bedtime. Regulate the bowels with a granule of podophyllotoxin and a sufficient dose of Salithia in the morning. Under this treatment she will get well.—Ed.

QUERY 4065:—"Hernia." I have a case of hernia who desires to be cured; yet objects to the cutting operation, but will submit readily to the injection method. Will this last method cure? Is it safe? Does it require anesthesia? If these answers are favorable, please describe the technique of the operation in detail and plain and simple, so I may easily understand it. Also advise me as to best fluid to inject. Who prepares it? Now, this is a whole lot to ask, but the exigencies of the case require it. I think the difficulty will be to determine exactly where to deposit the fluid. It has been a long time since I dissected the parts involved. What is a reasonable charge for this operation, where the people are poor?

D. A., Indian Territory.

The injection method cures some hernias, but not others. It is fairly safe if properly done and requires no anes-

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thesia. I do not like to describe the operation, Doctor, as there are several methods. Get Dr. Albright's book, which will give you full particulars as to this and a whole lot of other things. The operation is worth \$100, no matter how poor the patient may be.—Ed.

✽

QUERY 4066:—"Jaundice." Man, 54, 15 children, good health except for pneumonia 20 years ago; five years ago present spells began and are worse; come every 4 to 6 weeks, feels tired, wants to sit or lie down, worse in morning, better at night; no appetite in morning, despondent, apprehensive, stingy, not talkative; jaundiced, constipated, urine red in spells, roaring in ears then; diagnosed as insufficient elimination and auto-toxemia. Purgatives did not prevent the spells.

H. G. I., Missouri.

Your diagnosis is all right, only that the catarrhal affection has spread to his

liver. Give him granules of boldine and dioscorein, one of the former and five of the latter, before each meal and on going to bed. Also Saline Laxative, of which he should have a sufficient dose every morning to flush the bowels, given in a full glass of cold water.

Now, Doctor, do not be in a hurry. Give the treatment until 100 doses have been taken. You had better ascertain if there is any tenderness in the prostatic urethra, which may necessitate the use of Euarol there.—Ed.

✽

QUERY 4067:—"Dispensing." I want to mix magnesium sulphate $\frac{1}{2}$ oz., fl. ext. licorice 2 drams, and water to make a pint. This will not keep, but in a few days will throw the cork out. I tried salicylic acid in alcohol, but it separated and floated on top. What can I use to make it keep indefinitely?

D. M., Wisconsin.

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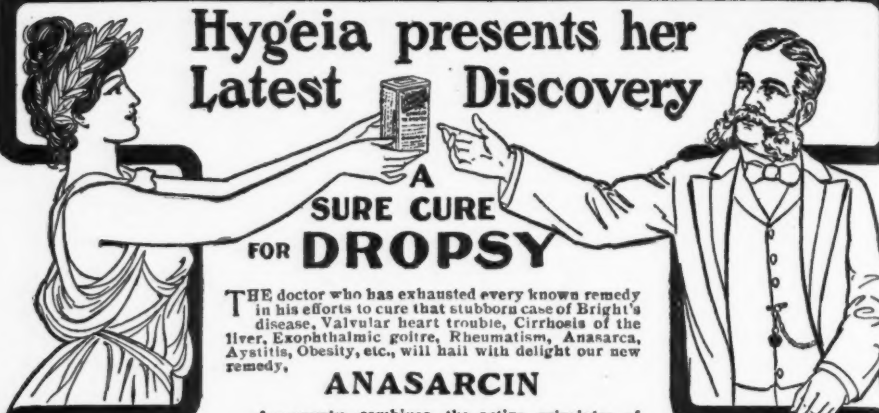
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It is difficult to keep licorice from fermenting. You might do better with saccharin and mint water, or add a few drops of formalin, or a few grains of hydronaphthol, or of sodium sulphocarbonate. Let us know which does the best.—Ed.

QUERY 4068:—"Corns." Someone recommended washing soda for corns. My wife says it will not work.

W. B. S., Ohio.

Sometimes it does and then again it does not—which illustrates again the glorious uncertainty of our therapeutics. Soda is just soda, and does the work of soda; but human beings are not alike as to their reaction to remedies.

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to extract them carefully, delicately, without drawing blood; then apply a little arnicated court-plaster that will exclude dirt, and have the patient wear a properly-fitting shoe thereafter.—Ed.

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J. T. E., Texas.

To prevent chaps apply the following: Glycerin one ounce; bay rum three ounces; oil of roses five drops. Apply every night on going to bed. To cure the chaps and fissures once formed, pencil delicately with compound tincture of benzoin.—Ed.

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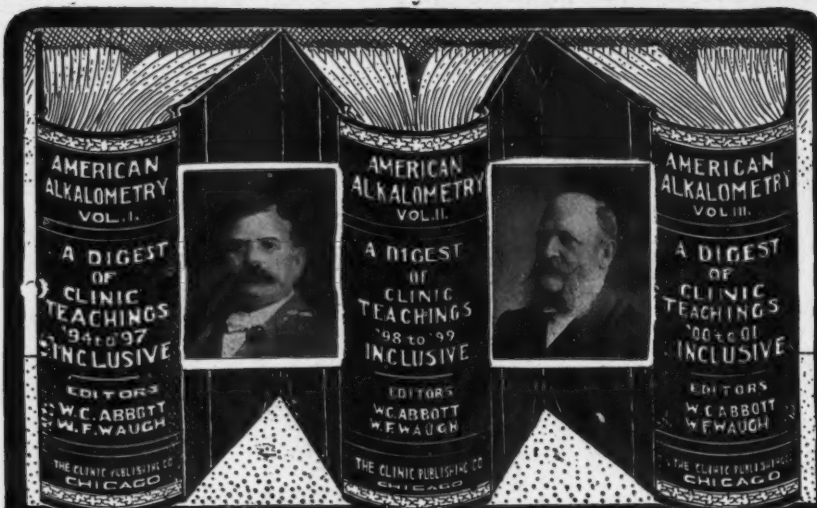
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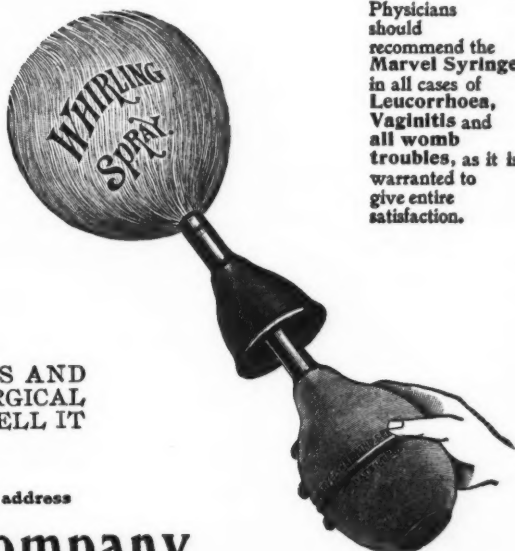
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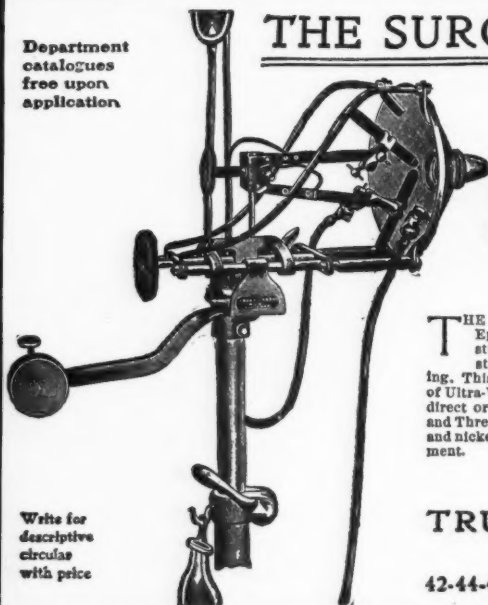
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QUERY 4071—"Chronic Constipation." Mrs. V., aged 44 years, has constipation and menses come on every 3 weeks, pulse very weak, continual headache, no appetite, and a peculiar, nervous, weak feeling and no energy; has always been a very industrious woman but now does not have any inclination to work or do anything. Of course I think the trouble is caused by the constipation and resulting uterine congestion, but how may this be best and most quickly relieved? T. I. C. P., W. Virginia.

The best remedies we can recommend for the case of constipation that you de-

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I used your sample of ZARCOL in a severe case of Eczema, and it acted like a charm. It is the best I ever tried in such cases: It is all right for the skin.

(From Dr. F. Underwood, St. Louis, Mo.)

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(From Dr. Baxter Hayes, Clifside, N. C.)

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(From Dr. Paul Friedemann, Kiel, Oklahoma.)

Your sample of ZARCOL salve at hand, for which accept my thanks. I have used the ZARCOL in a case of Eczema with a formation of yellowish crust. The effect was brilliant. The crust became soft and left the surface and in three days the skin was clear.

(From Dr. George L. Fisher, Buffalo, N. Y.)

I received the sample of ZARCOL which you sent me some time ago, and am very much pleased with it. I used it on one of my most obstinate cases and am very much pleased with it, and want to get some more. You may send me about 2 oz. with bill, and oblige.

PRURITUS.

(From Dr. V. Goggenheim, Dallas, Tex.)

Some time ago I received a sample of your ZARCOL, which I employed a few days ago for Pruritus Ani, with best results. I need several ounces of ZARCOL and cannot find it drug houses here. Please send same by return mail.

(From Dr. H. Hudem, Fraserville, Quebec.)

I have used ZARCOL upon myself for Pruritus Scutum, with great satisfaction. Now I would not be without some in the office.

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(From Dr. F. S. Dunlap, Delaware City, Del.)

I used the sample of ZARCOL you sent me in a superficial leg ulcer, with very happy results.

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(From Dr. E. N. Grand, Mesa, Arizona.)

The sample of ZARCOL was received and used in two cases of painful hemorrhoids and in a case of eczema. In all cases it proved a splendid relief. I have asked my druggist to order it and he promised to do so.

These are the extracts from a few of the many received during the past year. Such testimony begets increasing confidence in the future accomplishments of

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PLEASE MENTION THE ALKALOIDAL CLINIC WHEN WRITING.

Treatment of Rhinitis.

By Gilbert I. Cullen, M. D., Cincinnati, Ohio.

The resources of the laryngologist are probably more severely tried in the selection of a cleansing agent in cases of atrophic rhinitis, than at any other time in the treatment of diseases of the nose and throat. The most important factor in these cases is to have a clean membrane, and remove as quickly and thoroughly as possible the annoying crusts and the foul odor, which makes the lives of the patient and his companions equally miserable. I have tried all the various preparations and a number of different alkaline formulæ, and have found the new preparation made by Kress & Owen, under the name of Glyco-Thymoline, by far the most satisfactory.

I use it in the strength of twenty per cent, in a coarse spray every three to six hours, or as a douche in the strength of one part Glyco-Thymoline to six parts water, to be increased in strength to three parts in the course of a week or two, according to the severity of the case and the tolerance of the membrane and surrounding structures.

In several cases patients have used some of the other well-known detergent sprays or washes, but after using this, it has been my experience that they will always exhibit a most marked preference for it. The history of the following case from my record book will bear out this assertion:

Case 1. Dr. L., act 35, a physician of Cincinnati, with a long standing case of hypertrophic rhinitis of left side, and atrophic of right, pharyngitis since, and a very troublesome post-nasal catarrh. I removed the inferior turbinate body of left side with the galvano-cautery snare, and advised the persistent use of an alkaline spray to cleanse the right nares and post-nasal space. This did not seem to give satisfactory results, and having my attention called to this new preparation shortly after, I tried it in this case, and with the most gratifying results. The formation of the annoying crusts was prevented, the posterior nares were kept well cleansed, and the patient reported himself entirely satisfied with his condition.

Goods Good and Clinic Right.*The Abbott Alkaloidal Co.*

Your Saline Laxative is a patient getter. You have lots of other things in your line that are of O. K., too many to mention. I am using your goods constantly and with the very best of satisfaction. I have had excellent success in most every case. There certainly is nothing better before the public that can approach the alkaloids and your method of administration. The CLINIC beats anything I ever saw. The footnotes of any one issue are worth a dollar to any man who will read them and think.

DR. A. J. M.

—, Indiana.

Pas-Avena

together with Somnalgesine, is a very promising preparation, which much appeal to the good sense of every physician who prefers the alkaloids, glucosides, resins and concentrations. This is not the first combination which has proved the greater efficiency of it than the comparatively less good which each constituent does by itself. Pas-Avena properly brought before the profession is bound to have a great future.

Treatment of Eczema.

Pleasing results are observed from the use of Glycobenphene-Heil in the treatment of eczema. This remedy has decided healing properties and relieves itching and irritation almost immediately after being applied. It prevents the development of bacteria and is cleansing and soothing. Glycobenphene-Heil is also serviceable in the treatment of burns and other external wounds. A full sized bottle of Glycobenphene-Heil will be sent to physicians paying express charges. Address Henry Heil Chemical Co., St. Louis, Mo.

"THE abstraction of blood from the deep blood-vessels into the superficial capillaries through physiologic innervation is physiological phlebotomy. Bleed, but save the blood—is the mechanics of Antiphlogistine."

COULDN'T FOOL HIM.

Doctor was Firm and was Right.

Many doctors forbid their patients to drink coffee but the patients still drink it on the sly and thus spoil all the doctor's efforts and keep themselves sick. Sometimes the doctor makes sure that the patient is not drinking coffee and there was a case of that kind in St. Paul, where a business man said:

"After a very severe illness last winter which almost caused my death the doctor said Postum Food Coffee was the only thing that I could drink and he just made me quit coffee and drink Postum. My illness was caused by indigestion from the use of tea and coffee.

"The state of my stomach was so bad that it became terribly inflamed and finally resulted in a rupture. I had not drank Postum very long before my lost blood was restored and my stomach was well and strong and I have now been using Postum for almost a year. When I got up from bed after my illness I weighed 98 pounds and now my weight is 120.

"There is no doubt that Postum was the reason for this wonderful improvement and I shall never go back to tea or coffee but shall always stick to the food drink that brought me back to health and strength." Name given by Postum Co., Battle Creek, Mich.

Look in each package for a copy of the famous little book, "The Road to Wellville."

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It's Like Oil On Troubled Waters

Purified Medicinal Petroleum, as presented in Terraline, is a superior nutrient remedy absolutely without a parallel. It acts as a nutrient by facilitating, expediting and completing all the processes of digestion, absorption and assimilation, a fact officially recognized by the American Therapeutic Society, (Washington, D. C., May, 1900.)

Terraline

Inhibits growth of Bacteria.
Prevents fermentation and flatulence.
Promotes peristalsis.
Aids digestion.
Facilitates absorption and elimination.
Stimulates processes of nutrition.

Terraline treatment is followed by marked improvement in appetite, digestion, absorption, assimilation and nutrition and

is indicated in

Subacute and Chronic Bronchitis, Tuberculosis, Winter Coughs, Consumption, Anemia, Gastro-Intestinal Affections, Convalescence, etc.

Terraline may be obtained in 12 oz. bottles only, from any prescription druggist.

A Trial Bottle will be sent to Physician paying expressage.

The Hillside Chemical Company,
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THE CENTURY MANUFACTURING CO., of East St. Louis, Ill., are said to be the largest manufacturers of Buggies and Surreys in the United States. They sell direct from their factory to consumers at factory prices. They sell either for cash or on easy monthly payment plan. They should be pleased to extend credit to honest people located in all parts of the world. Knowing that the readers of this pa-



per are all honest and reliable they should be pleased to extend credit to all the readers of this journal. We call attention to their ad which appears elsewhere in this issue. Write for their free catalogue, and in so doing be sure and mention the fact that you saw their ad in this paper.

Truax, Greene & Co. are now supplying the Finsen Light apparatus, well made and at a very reasonable price. This is simply news.

THE National College of Electro-Therapeutics, Lima, Ohio, will furnish a most excellent and thorough, yet simple course of instruction, to the busy doctor, at home, at small cost. It can be studied by mail. Write them for announcement, and free sample copy of *The Electro-Therapist*.

TOPLIFF'S SUPPOSITORIES

have always proved very helpful to thousands of physicians who use them in their treatment of the various forms of

Hemorrhoids

All physicians approve of formula. One box will be mailed to practicing physicians only, for trial, on receipt of four cents for postage.

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A New Sterilizer and Office Stove.

The medical profession in general are welcoming with interest the new Alcohol-Gas Stove which Glogau Brass Works, 21 Quincy St., Chicago, are offering them.

This stove, which is an invention of a professor of physics at the University of Goettingen, Germany, is entirely different from anything ever put on the market.



Among its advantages are those that it manufactures its own gas, by first vaporizing the alcohol and converting it into ethyl-oxide which in

turn burns like a heating flame from the small holes in the top of the burner.

As alcohol, when converted into a gas, produces ten times its volume of ethyl-oxide, this new stove will be found more economical than any other alcohol stove or even a gas stove, besides being portable and weighing but eight ounces.

The stove can carry a vessel weighing one hundred pounds and has a reservoir holding eight ounces of alcohol. It burns either wood or grain alcohol, and consumes but two cents' worth in an hour of the former.

For price and particulars, see Glogau Brass Works' advertisement on page 72.

Some time ago we told you we did not believe the automobile had developed to the point of practical utility to the average physician. Now we say, investigate this machine the Olds people are offering. The cost is only \$650, and if the work is what we would expect from a firm of their standing, it should be a good proposition, if your roads are good enough.

URINARY REAGENT CASE.



PRICE \$1.00
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Best values allowed for saleable books in exchange

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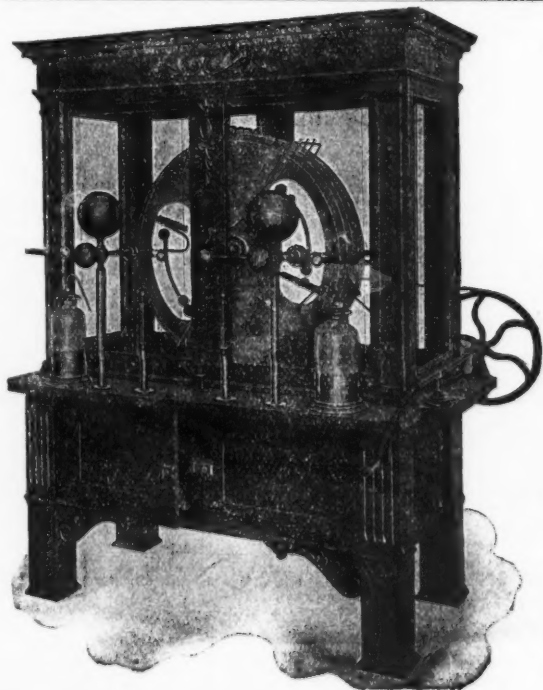
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From a Dwarf to a Giant
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WILL CURE THE MOST DESPERATE CASES OF
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A Static Machine investigate the merits of the

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It has an **adjustable neutralizer**, giving a quick and strong charge.

It has a **shunt current regulator**, which regulates the supply of current regardless of speed.

It has the **very best** ball bearings, besides many more improvements.

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Through Sleepers to Galveston, Texas, via the Wabash.

The Wabash Road has inaugurated a line of first-class Pullman sleepers between Chicago and Galveston, leaving Chicago daily at 11:03 A. M., and arriving at Galveston the second morning at 7:30—a convenient leaving and arriving time.

The route is Wabash to St. Louis, Iron Mountain to Texarkana, T. & P., to Longview and thence I. & G. N. R. R.

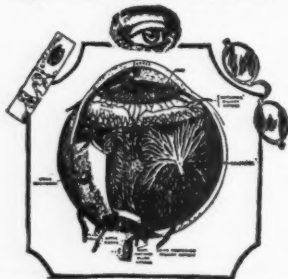
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Syrup Glycerophosphates Comp.

The value of such an inorganic compound is not that it forms a chemical body of affinities that are decomposed with great difficulty, but just the contrary. The healthy and more so the deficient cells of the body needs certain inorganic substances presented to them in their nascency, so that their ions can be assimilated by the cells. It is to these cellular needs that this syrup addresses itself. It is just for this reason that it is highly recommendable.

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The Best, and Most Practical
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Will teach you BY CORRESPONDENCE OR LOCAL
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Our graduates clear \$10 to \$25 per day fitting spectacles.
Learn Free to all who mention this ad.

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COLLEGE AND HOSPITAL**
257 West Madison St., Chicago, Ill.

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The element of danger from the administration of the synthetic coal-tar antipyretics which have been extensively employed for several years is such as to cause considerable caution in their use. Many practitioners have discontinued these remedies entirely and placed dependence on Labordine in all febrile conditions.

Labordine is purely vegetable in its composition and is recognized as a safe, effective and reliable therapeutic agent causing absolutely no cardiac depression or other after-effects such as noted from many of the mineral antipyretics. It is indicated wherever antipyretic and analgesic remedies are employed. Dose for adults is from 5 to 15 grains, repeated according to indications. Readers of THE ALKALOIDAL CLINIC can procure samples and special literature on Labordine by addressing Labordine Pharmacal Company, St. Louis, Mo.

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NO ACIDS OR LIQUIDS.

CONSTRUCTED FROM THE BEST OF MATERIALS BY EXPERT MECHANICS.

Neat compact and durable. **ALWAYS READY** for use and very easily regulated. The coil and metal parts of this machine are mounted on a polished **SLATE BASE** and inclosed in a very highly polished quartered oak case, about eight inches square.

We allow physicians a discount of 25 per cent. on this instrument.

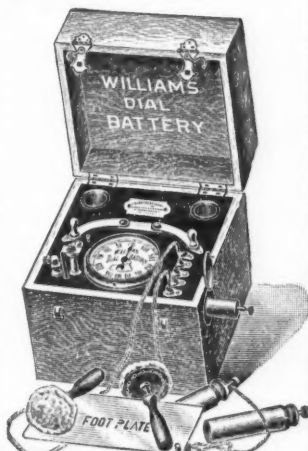
Sponge electrodes, aluminum foot-plate, etc., also book giving full directions for applying the currents, sent with each Battery without extra charge.

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—Anti-Tubercular, Anti-Syphilitic, Hematic—

A NEW FORMULATION in Iron, Iodine and Arsenic (Fer-iod-arsen-sur-acid) which has demonstrated *de facto* its ability to resolve Tubercles and other Neoplasms and reach and destroy the Bacillus in its habitats. Besides active Bacillicidal, Anti-Suppurant and Hematic properties, Ferridine is the most energetic known Resolvent of Vascular Engorgement and adventitious tissue, which enables it to reduce the defensive wall, protecting the operations of the parasites against the Phagocytes or drug intended for their destruction, and thus reach and destroy them *in situ*; without which the bacillus is safe and can extend the area of its ravages indefinitely. The failure of an agent, phagocyte or drug to effect this, accounts for the fatality of the disease.

The Bacillus Tuberculosis is often destroyed by the active drugging employed in other diseases and the Specific lesion converted into a simple one, amenable to the ordinary processes of repair. The autopsy of Draga, the murdered Servian Queen, showed healed tubercles at the apices of both lungs, which had not been suspected in life.

Ferridine has had only a limited trial in Tuberculosis, but it has not failed in a single instance to effect a radical cure of every case treated in the incipient and earlier stages, with assurances of cures in some advanced ones. The reports, being received by us from physicians in different States who are testing it, confirm the specific action claimed for it and note explicitly the relief from pain, purulent sputa, toxemia and night sweats, with decided gain in weight and apparent destruction of the bacillus.

In all these cases Methtan (Ethphenidimethtan, Gramm) has been used endermically, with undoubted good results. It is itself a powerful bacillicide, anti-suppurant and resolvent, and readily enters the circulation.

But write for literature, giving fuller details and clinical reports of Ferridine and Methtan and of their specific action in Syphilis and other Cachexiae and all troubles in which local congestion is a factor—in the Bronchi, Liver, Kidneys (acute and chronic Nephritis), Bladder, Rectum, Uterus, and in inflamed glands (Adenitis), in which they do quick work. In dangerous Acute Infections—Puerperal, Diphtheritic, Tetanic and Poisoned Wounds, they have proved life-savers by delimiting the local lesion and preserving the integrity of the blood.

PRICES—Ferridine, to last a month, \$1.00. Methtan, to make 20 ozs., \$1.00. Prepaid. Free samples; but instead, on first order, we will send double the amount of both for \$2.50, prepaid.

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ECZEMA

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Skin Diseases

R. Glycobenphene-Heil

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THE SKIN DISEASE PATIENT feels himself to be an object of comment. More than any other, he will appreciate **PROMPT RECOVERY**. If an old chronic case, the appreciation will be the greater. Dermatologists tell us that Glycobenphene-Heil gives prompt results. It is a corrective and curative agent in all skin diseases, a superior dressing for burns, ulcers, carbuncles and traumatic inflammations. It is soothing, antiseptic and healing.

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QUININE, IRON AND PEPSIN TONIC.

Containing as it does the three sheet anchors of therapeutics, stamps it the ideal Tonic

Pleasant, Agreeable, Efficient.

PREPARED ONLY FOR THE MEDICAL PROFESSION.

Quin-I-Pep-tone is a tonic superior to the many bitter elixirs of Quinine, and also far superior, more acceptable and reliable than many of the sweet syrups of quinine. In Malaria, after the subsidence of the acute attack, it acts almost as a specific, and will be found particularly adaptable in the convalescence of all fevers and especially of Typhoid. As a remedy in the treatment and cure of Influenza and Anemias of different types, Quin-I-Pep-tone is being extensively and successfully employed by prominent men in the profession of medicine, which stamps it as the ideal remedy in all cases where a general tonic is indicated.

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The pronounced success of RHEUMAGON is especially demonstrated in cases of RHEUMATISM and all conditions resulting from excess of Uric Acid and disturbed Metabolism.

RHEUMAGON is a combination of Sodium Iodide and Sodium Phosphate.

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GUARANTEED to give complete satisfaction and to take the place of the old style plaster, sole leather and steel braces in any case of

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The only Spinal Appliance made that will give the proper support and at the same time be light and comfortable to wear and allow such freedom of movement as to prevent the muscles from becoming atrophied. Each appliance made in strict accordance with the measurements given for the individual case. Write for free booklet and special prices to physicians.

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BONN'S METHYL-SANS

A superior product of modern tablet manufacture, embodying choice East India Oil of Sandal with Methylene Blue, Oleoresin Cubeb, Maizenic Acid (from Green Corn Silk) and Ext. Hyoscyamus.

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SOOTHES AND REJUVENATES
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Administered VIA MEMBRANA PREPUTII with a drop-per — absorbed in two minutes. — *Method originated by Dr. Williams.*

Results obtained by Dr. T. W. Williams and others reported in various medical journals. Send for reprints.

Over 80 per cent curative results in nearly all types of sexual incompetence. For literature, prices, etc., address

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For Acute and Chronic Rheumatism, Gout, Lumbago, Neuralgia

And kindred complaints, prescribe the "old reliable" preparation,

Griffith's Compound Mixture of Guaiac, Stillingia, etc.

which contains Guaiac, Stillingia, Prickly Ash, Turkey Corn, Black Cohosh, Salicylates of the Alkalies and Alkaloids, Iodide Potassa and other well-known remedies acting as a powerful alternative, so combined as to be acceptable to all patients. It has been before the profession fifteen years, and has proved perfectly satisfactory in 95 per cent. of the cases indicated.

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and other pyretic
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Labordine is a distinct advance over all other antipyretic agents. It is of purely vegetable origin. Unlike the synthetic antipyretic agents, Labordine does not depress the heart but supports that organ while bringing about a marked and sustained reduction of temperature.

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THE ESSENTIAL FEATURE
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THE MOST MARVELOUS AND
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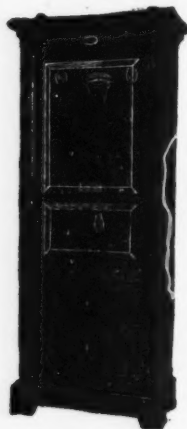
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A Perfect Current Controller

May be attached to Alternate or Direct Lighting Current. Produces: Galvanic, all forms of Faradic, Sinusoidal, combinations of these currents; also cautery and miniature lamp currents. Measures milliamperes and volts. Automatic devices to protect instrument.

Portable and Cabinet Forms . . . \$25.00 to \$250.00
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The Very Thing, Doctor,
You have been looking for ever since Sterilizers are in use.

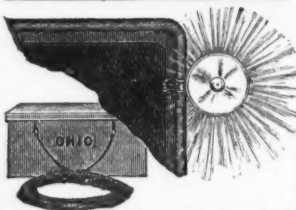
GLOGAU'S ALCOHOL-GAS STOVE
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A boon for the Sterilizer, Sick Room, Camp, Traveler, Light Housekeeping or wherever gas is not available or desirable. Burns odorless, wickless, and weighs only 7½ ounces. Will support a vessel weighing 100 lbs. It cannot explode, can be upset without spilling the alcohol, and never gets out of order. SENT ANYWHERE, EXPRESS PREPAID, ON RECEIPT OF \$1.

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THIS IS UNQUESTIONABLY THE FINEST ALTERATIVE AND TONIC PREPARATION EVER PRESENTED TO THE MEDICAL PROFESSION

THIS ELIXIR IS PREPARED FROM THE CHEMICALLY PURE SALTS,



ELIXIR SIX IODIDES

AN IDEAL COMBINATION.

Formula. Each fluid drachm contains: Arsenic Iodidum 1-125 grain, Ferric Iodidum 1-12 grain, Hydrargyric Iodidum 1-25 grain, Manganic Iodidum 1-10 grain, Potassic Iodidum one grain, Sodii Iodidum one grain with Aromatics.

INDICATIONS FOR ITS ADMINISTRATION.

ANEMIA, from almost any cause, **SKIN DISEASES**, both scaly and papular, **Primary, Secondary and Tertiary SYPHILIS**, **Chronic UTERINE and PELVIC diseases**, **ENLARGEMENT of the Liver, Spleen and Kidneys**, **OBSTRUCTIONS of the Glandular System**. In **SCHIRUS CANCER**, before the ulcerated stage sets in. **SCROFULOUS SWELLING of the GLANDS of the NECK**, **Chronic MALARIA**, **OZENA** and **CATARH**, **Scrofula**, and **Tubercular AFFECTIONS of the Bones**. **OSTEO-PERIOSTITIS NECROSIS**, **CARIES**, and in all cases where a **TONIC** or **ALTERATIVE** is indicated.

The ELIXIR SIX IODIDES is kept in stock by Wholesale Druggists. Retail Price, \$1 per bottle. Wholesale, \$8 per doz. Sold only in eight-ounce bottles. If the ELIXIR SIX IODIDES cannot be obtained from your Druggist, we will send it, (charges prepaid), on receipt of price.

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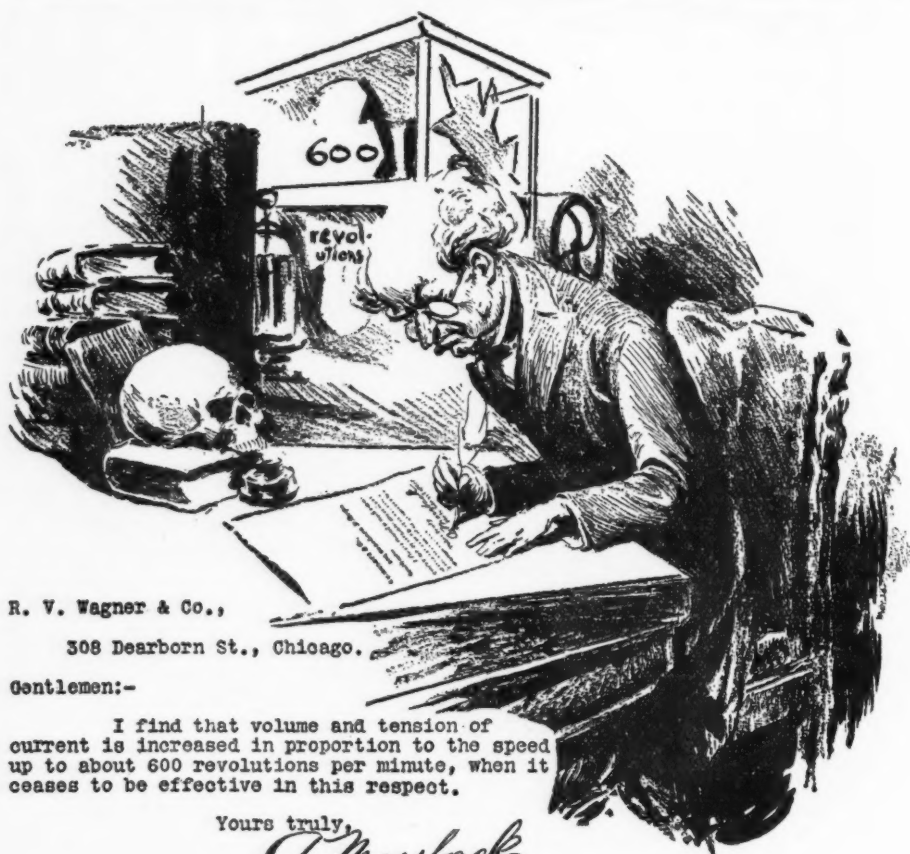
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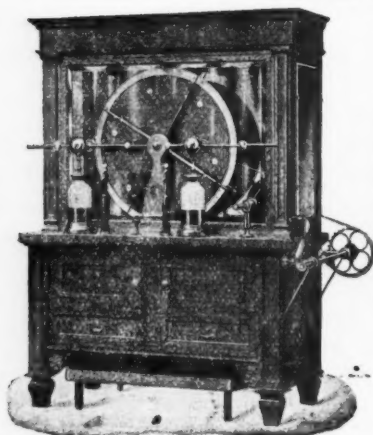
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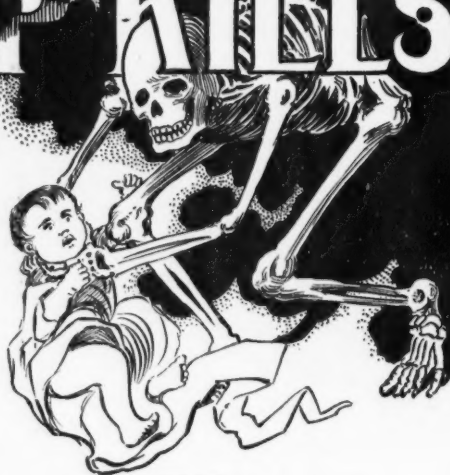
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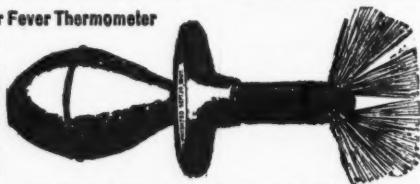
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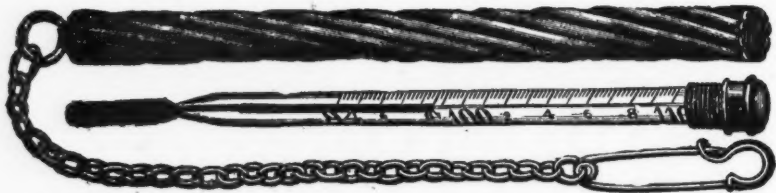
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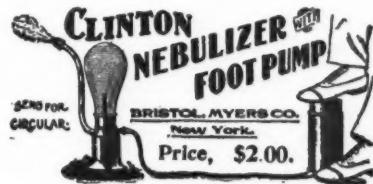
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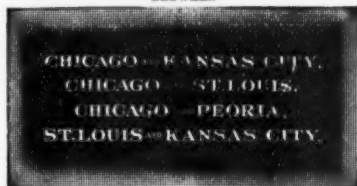
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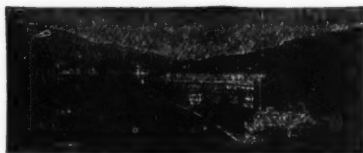
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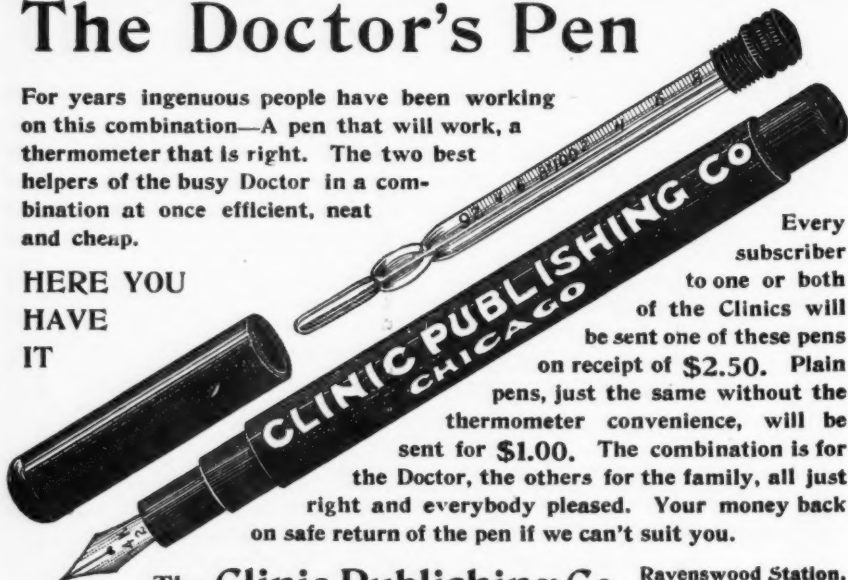
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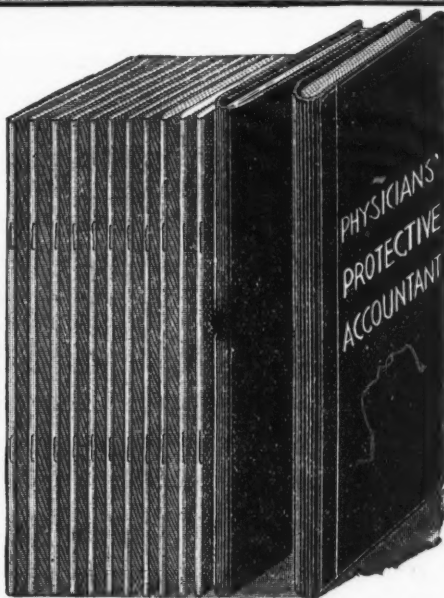
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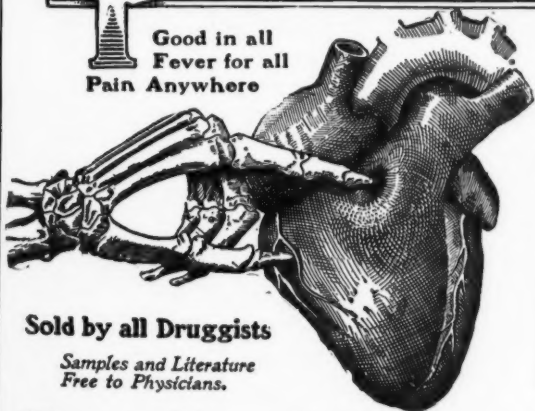
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